

THE MEDICAL BULLETIN:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

VOL. XIII.

PHILADELPHIA, JUNE, 1891.

No. 6.

ORIGINAL COMMUNICATIONS.

ARISTOL.

By JOHN V. SHOEMAKER, A.M., M.D.

PHARMACOLOGY.

THIS very important addition to our therapeutical resources was discovered by Drs. Messinger and Vortmann, of Aix-la-Chapelle, and described, among other substances, in a paper upon "A New Class of Iodized Phenols," published in the *Journal für praktische Chemie*, 1889, p. 290. Upon the ground of its chemical composition these writers suggested that the thymol combination might in medical practice prove to be an admirable substitute for iodoform, the peculiarly offensive odor and toxicity of which detract so much from its value. Its manufacture on a large scale is carried on by the *Farbenfabriken*, formerly known as *Friedrich Bayer & Co.*, of *Elberfeld*, Germany. By the manufacturers a specimen of the drug was placed in the hands of Dr. P. J. Eichhoff for the purpose of clinical experiment. The first report of Dr. Eichhoff upon the therapeutic action of the new medicament was published in No. 2 of Volume X, 1890, of the *Monatshefte für praktische Dermatologie*.

This body is prepared by the addition of a solution of iodine in iodide of potassium to an aqueous solution of hydrate of sodium containing thymol. The abundant, reddish-brown precipitate which falls is, in chemical nomenclature, dithymol-diiodide, but, this being too cumbersome a term for every-day use, Eichhoff bestowed upon it the more convenient title of aristol from the Greek superlative, *ἄριστος*, best. In the reaction an iodine atom is substi-

tuted in hydroxyl, the proportion of iodine present in the new combination being, according to Carius, 45.80 per cent. Aristol is an unstable compound, and, unless prepared with great care, of variable composition. As made by the *Farbenfabriken* it appears in the form of a fine, soft, fawn-colored powder, with a faint and by no means disagreeable odor. It is insoluble in water and glycerin, and is decomposed by water having a temperature above 140° F., but is readily soluble in ether, chloroform, benzine, fixed oils, and liquid vaseline. It is but slightly soluble in alcohol, and is precipitated from its solution in ether upon the addition of alcohol. On account of its instability its solution in oil must be facilitated by friction and not by heat. The influence of light, also, causes it to change, and it must, therefore, be preserved in blackened vials.

PHYSIOLOGICAL ACTION.

Aristol possesses the useful property of adhering readily to the surface of the skin, mucous membrane, wound, or ulcer. It forms an unirritant dressing to diseased areas, while at the same time it is mildly stimulant and promotes rapid cicatrization. This substance has some local anæsthetic power, though it is inferior in this respect to iodoform. It is a prompt antiseptic, but is much less irritant than most remedies of this class. Aristol stimulates the absorbent vessels of the parts to which it is applied, and promotes the secretion of mucous membranes with which it is brought into contact. It is not absorbed by the skin, mucous membrane, or raw surfaces, and consequently can exert no toxic action upon the economy. Even after application of aristol for days and weeks to large ulcerations, sys-

tematic and careful examination of the urine has revealed no trace of iodine.

We have, as yet, little knowledge concerning the physiological or therapeutical action of aristol when introduced within the system. It is probable that its effects, when given internally, will chiefly depend upon the iodine which it contains, since Neisser ascertained that, when aristol is dissolved in ether, oil, or liquid paraffin and injected subcutaneously, an active decomposition takes place and an abundance of iodine makes its appearance in the urine. More recently the effect of aristol when internally administered and the mode of its elimination have been investigated by M. Fournioux at the instance of Professor Quinquaud. The drug was dissolved in olive-oil and injected beneath the skin. The result of these experiments was to determine that aristol is not toxic to guinea-pigs in doses of 2.50 grammes per kilogramme of body-weight, and that the injections excited no local inflammation. It is eliminated in part by the urine in the form of alkaline iodides, and, probably, also, in the form of thymol in alkaline combination. But one-half of the iodine ingested could be recovered from the urine. The process of elimination usually required four or five days, and its length appeared to depend upon the dose injected. These results have been confirmed by Professor Quinquaud, who states that he has never discovered thymol in the urine. Seifert has ascertained that aristol may be given to men in doses of 7 or 8 grains without any ill consequences. Concerning the employment of aristol Dr. Langgaard remarks that it should never be prescribed together with starch, caustic alkalis or carbonates, or such other substances as possess a great affinity for iodine, as ammonia, all metallic oxides, corrosive sublimate, etc.

THERAPY.

Although so short a time has elapsed since its introduction to practice, aristol has been found efficacious in a wide range of diseases, chiefly those affecting the integument or accessible mucous membranes. Its sorbifacient virtues have likewise proved useful in the removal of inflammatory exudates and the reduction of glandular enlargements. Its remarkable and beneficial influence upon the healing process, its harmlessness, freedom from odor, the readiness with which it adheres to the surface, and its solubility in fatty vehicles render aristol

peculiarly serviceable in the treatment of ulcers. Varicose ulcers of the leg, so common in debilitated subjects and frequently so intractable, are generally decidedly benefited by the local application of the remedy under discussion, aided by the influence of several days' rest. The lesions may be sprinkled with the powder, covered with cotton and a roller-bandage, or the drug may be applied in the form of a 10-per-cent. ointment. The first case in which aristol was employed by Eichhoff was one of this kind, associated with parasitic eczema. The eczema disappeared in three or four days, the flabby granulations of the ulcer soon took on new action, and in seven days the patient could be discharged cured. This favorable experience has since been confirmed in his own practice and that of other observers, and need no longer be dwelt upon with detail, but may be regarded in the light of an established fact. Seguiet recommends cleansing the ulcerated surface with a 1:1000 solution of corrosive sublimate and the use of equal parts of boric acid and aristol as a dusting powder. He gradually diminishes the proportion of boric acid until at last aristol alone is used. Eichhoff is of the opinion that the remedial effect of aristol upon ulcers of the leg is superior to that of any other known drug. He places the same value upon it as a local application to the ulcerated lesions of late syphilis, and to ulcerated gummata. The extremely satisfactory result of four weeks' treatment of a frightful case is graphically illustrated by plates copied from photographs, and reproduced in the *MEDICAL BULLETIN* for November, 1890, pp. 408 and 409. Testimony to the same effect regarding both simple and specific ulcers is given by Dr. Fournioux.*

Both Eichhoff and Doyan have reported cases in which severe and extensive ulcers dependent upon hereditary syphilis have rapidly healed under the use of a 10-per cent. ointment of aristol in conjunction, of course, with appropriate constitutional medication. Mucous patches and condylomata are likewise very susceptible to the action of aristol. Dr. Schuster, of Aix-la-Chapelle, was the first writer to corroborate the statements of Eichhoff concerning aristol, and reported a case in which two large ulcers existed on the posterior wall of the pharynx, while a very fetid discharge issued from the nares. Aristol was blown into the

* Professor Egasse in *Times and Register*, April 4, 1891.

cavities, and the ulcers healed and discharge ceased within a comparatively short time. Dr. Schuster adds that he had never seen extensive syphilitic ulcers of the nose heal in so short a time under any local application, as the effect of the constitutional treatment had hardly time to make itself felt. Admirable results have been obtained in syphilitic ozaena by Hughes, Rohrer, and Löwenstein. The last-named author employed the powder by insufflation, and also used a 10 per-cent. solution in collodion as a paint. Improvement was very rapid. Simple ozaena is notably ameliorated by the daily insufflation of aristol-powder, which adheres closely to the mucous membrane and forms a perfect coating. The offensive odor of the disease was at once suppressed. Hughes obtained satisfactory results from the same remedy in dry rhino-pharyngitis, simple atrophic rhinitis, chronic conjunctivitis associated with dry rhinitis and dry laryngitis. Rohrer found it advantageous in pharyngitis, in subacute and chronic nasal catarrh. Aristol forms an excellent dressing for chancres. Its influence is not always immediately perceptible, but when it does become manifest cicatrization goes on rapidly. Dr. Soler y Buscalla, indeed, describes a large chancre upon the dorsum of the penis, which healed after two applications, the second being made four days after the first. Neither Eichhoff nor Neisser was able to satisfy himself that aristol exerted any beneficial action upon chancroids, but later reports from Fournioux, Gaudin, and Seguiet go far toward reversing this opinion. At any rate, it must be regarded as certain that aristol is an available remedy in some cases of chancroid, and it should not be abandoned without further trial. It is difficult to understand why the drug should fail precisely here, since it has proved useful in ulcerated and gangrenous buboes following chancroids.

Tuberculous ulcers receive much benefit from the topical use of this valuable remedy. The form in which tuberculosis usually appears upon the skin is the unsightly ulcer resulting from the disintegration of tuberculous lymphatic glands. In the early stage, when there is glandular enlargement without caseous degeneration, the application of aristol may cause resolution. Pollack, of Prague, reports success in chronic tuberculous adenitis. After ulceration has taken place, undermined edges should be trimmed, sinuses laid open, and flabby granulations de-

stroyed. The use of aristol as a dusting powder, in the form of a 10-per-cent. ointment or a 15-per-cent. solution in ether will usually promote rapid cicatrization. Tuberculosis cutis and tuberculous ulcers of mucous membranes are amenable to the same agent.

Lupus is the disease in which the most brilliant success of aristol was won. As it happened, the second case in which this remedy was employed was one of lupus of the face. The malady had been in existence for years, and had latterly progressed and extended so rapidly that there appeared little prospect of alleviation, much less of cure; yet, after four weeks of treatment, the case could be considered as practically healed. After the crusts had been removed and the ulcers cleansed, a 10-per-cent. ointment of aristol was applied thrice daily, and the dressing kept in position by means of a gutta-percha mask. Decided as is this success, aristol, from its lack of corrosive properties, is useless in lupus while the nodules remain deeply seated and the integument is still intact. This point is dwelt upon by Eichhoff, who advises that the nodular be transformed into the ulcerated form by scraping or cauterization. Aristol is more serviceable than escharotics in this affection, as it is believed to destroy the bacilli, and undoubtedly promotes the rapid formation of a smooth and flexible scar. A similar case has been reported by Dr. Doyan. In obstinate cases of lupus erythematosus a 10 per-cent. ointment has likewise proved successful after a raw surface had previously been obtained by the action of some escharotic.

Aristol is of marked benefit in ulcerated epithelioma. A case of this character, in which the left side of the face was extensively invaded, and in which the disease had existed for twelve years, was brought before the Society of Hospital Physicians, April 25, 1890, by M. Brocq. In three weeks' time the use of aristol-powder had caused almost complete cicatrization. At the same meeting M. Brocq exhibited a case of rodent ulcer, in which the same happy effect had been produced by the same means. Dr. Prince A. Morrow, of New York, reports a good result in a case of recurrent epithelioma of the orbit. After the growth had been removed and the parts curetted, aristol was remarkably successful in diminishing the abundant discharge from the wound, which cicatrized much more rapidly than usual. Gaudin wit-

nessed prompt suppression of hæmorrhage and odor in an epithelioma of the uterus and vagina by means of tampons coated with aristol. In a case of scirrhus of the breast under the care of Professor William F. Waugh, aristol-powder effected, within a few days, a surprising improvement, and in a week apparently healthy granulations developed upon the surface of the sore. Reports of this kind should encourage further experiment in the same direction.

Neisser found aristol remarkably efficacious in 2 cases of unusually deep corneal ulcers. Professor Keyser, of this city, has likewise had good results in corneal ulcers with an ointment containing 1 or 2 grains of aristol to the drachm of lanolin and benzoated lard. He has applied the powder with advantage to ulcers of the lid and brow.

A 5- or 10-per-cent. ointment of aristol is an excellent dressing for burns or scalds. As a dressing to accidental or operation wounds and to abscesses, this substance in powder form, ethereal solution, or mixed with vaseline, is highly praised by Dr. Alois Pollak. Von Swiecicki has used it with much satisfaction as an application after trachelorrhaphy. Insufflation of aristol has been found beneficial in purulent inflammation of the middle ear. This remedy is rapidly curative, also, in external otitis.

Aristol has been found of considerable efficacy in psoriasis. From my experience I can agree with the statement of Eichhoff, that aristol in this obstinate affection is equal in value to chrysarobin, though less rapid in its action. The former substance, however, does not stain nor excite conjunctivitis.

In the hands of von Swiecicki an aristol ointment relieved an eczema of the vulva due to diabetes. The same preparation is of service in squamous eczema and the seborrhœic eczema of Unna. The germicidal power of aristol renders it an efficient application in tinea tonsurans and other varieties of tinea trichophytina, as well as in parasitic sycosis. After the seat of disease has been scrupulously cleansed, a 5- or 10-per-cent. ointment is thoroughly rubbed in and the head covered with a rubber cap. Epilation, being unnecessary and painful, is a practice to be avoided. Aristol is of little value in favus, since it does not come in contact with the germs which lie buried in the follicles. In metritis and endometritis and dysmenorrhœa dependent upon the latter, this remedy has been found efficient. In hypertrophy of the

cervix uteri and chronic parametritis it stimulates absorption. In pelvi-uterine affections it has been employed in the form of vaginal tampons, rectal suppositories, or uterine pencils made with gelatin, and each containing 15 grains. Neisser found it of no service in lichen ruber. On account of its power to stimulate absorption, this substance is a useful application in enlargement of the thyroid or lymphatic glands, epididymitis, and after typhlitis.

In acute gonorrhœa of the male no direct improvement followed the use of aristol as an injection by Eichhoff, and other materials were substituted. It seemed, nevertheless, that the aristol contributed in some way to ultimate improvement, for those cases in which it had been used and abandoned were more rapidly cured than those in which some other injection had been employed from the beginning. Urethral pencils, containing $3\frac{1}{2}$ grains each of aristol, are useful in the chronic urethritis of prostitutes. Waugh obtained an excellent result in a case of gleet of long standing by the introduction of a small quantity of aristol mixed with liquid and solid vaseline to the consistence of thick cream.

Gangrene of the skin of the toe from frost-bite was healed rapidly by a 10-per-cent. ointment. An interesting case is related by Dr. Estapo, of Barcelona,—that of a child $2\frac{1}{2}$ years old, suffering from an impetigo of the ear. The child contracted diphtheria; the impetigo became covered with false membrane and assumed the appearance of a large ulcer. This lesion was soon cured by the application, twice a day, of aristol-powder.

The substance of which I write has lately been utilized in dentistry by Dr. Kejzlar, who has used it for its antiseptic properties in gangrenous pulps, in disinfecting the root canals and carious cavities, before introducing the filling, etc. On gangrenous pulps he dusted aristol by means of a fine brush; for cleansing the canals and cavities he employed a 10-per-cent. solution in ether. The ether evaporates and the aristol is left in the cavity as an even coating.

In the foregoing *résumé* of this valuable topical remedy I have made but a casual allusion to my own experience with the drug, since it is substantially confirmatory of that of Eichhoff and the other observers from whom I have quoted. Since my attention was first drawn to it I have used aristol freely, both in private

practice and in my dermatological service at the Medico-Chirurgical Hospital. I have derived benefit from it in psoriasis, leg-ulcers, sinuses, fistulæ, eczema, ringworm, hyperidrosis, and bromidrosis. I have noticed no reference to its use by others in the two last-named affections. In sweating feet I have prescribed it alone as a dusting-powder; in bromidrosis, sometimes alone and at others combined with boric acid. It restrains profuse secretion and overcomes offensive odor. As diluents or vehicles I have often used with satisfaction the impure carbonate of zinc, the subnitrate of bismuth, the ointment of the oxide of zinc or of subacetate of lead. A salve containing $\frac{1}{2}$ drachm to the ounce of excipient is serviceable in acne and rosacea, and a suppository composed of 5 grains of aristol with 3 grains each of camphor and lupulin can be recommended for leucorrhœa and pruritus. An aristol gauze has lately been brought into use as an antiseptic dressing. It is made by impregnating gauze with an ethereal solution, and contains from 15 to 30 grains per square yard.

THE VALUE OF SOME SPECIES OF POLYGONUM, ESPECIALLY AS EMMENAGOGUES.

By JOHN W. ECKFELDT, M.D.

OF all the species of polygonum (commonly known as smart weed, water-pepper) that are indigenous to our country or those which have become naturalized, there are but a limited number that may be considered by their action as having the power to induce the menstrual flow, when absent from certain causes. Those which I have found to be essentially most active as remedial agents, out of a group of ten species belonging to the section *Persicaria* are: the *Polygonum hydropiperoides*, *P. punctatum*, *P. persicaria*, *P. acre*, and *P. hydropiper*. Each of these plants, commonly found by the wayside and in marshy grounds, though active by the presence of a peculiar principle, attended with lawful merits, have not been as yet recognized by the Pharmacopœia of the United States. The most important ones of special interest here are the two first cited in the above list; yet the remaining types are decidedly active, but not so energetic. These plants have had my closest attention drawn to them for a number of years, in the treatment of functional disorders of the

uterine and urinary organs of both male and female, but more particularly the latter, as I was frequently associated in former years of professional work with the country classes, who seemed to instinctively know the great value and the charm of many of our common field and door-yard plants, heretofore therapeutically little known to the general profession.

Composition.—From my own researches I was able to derive from these plants, besides a hot, pungent, greenish oil of light specific gravity, an extractive matter and a crystallizable principle, allied to Rutin, which is a derivative of the garden Rue,—a precipitated resinoid separated from a concentrated ethereal or alcoholic solution with water, previously rendered alkaline by the addition of sodium bicarbonate or aqua ammonia.

Physiological Action.—When taken into the mouth, polygonum causes effects that are soon manifest,—the taste is hot and pungent and slightly astringent, with a peculiar acrimony of its own, followed by a persistent burning for some hours, with a sense of constriction in and around the fauces. In the stomach a general warmth is experienced, accompanied by some smarting; nausea and vomiting occur when too largely administered. Associated with these symptoms, dizziness with some drowsiness ensues, a peculiar tingling is felt through the system, and in the female uncomfortable intermittent pains through the abdomen, a dragging pain in one or both hips and loins, and a distressing sensation within the pelvis. This remedy evidently affects specially the ovaries, tending to increase a hyperæmic condition of those organs, naturally stimulating the development of their functional activity. It has also been found to be aphrodisiac in the more excitable class of females.

From its marked stimulating action, its influence over the heart is quite as noticeable, the number of pulsations are increased, and greater force is given to that organ, capillary congestion promoted and increased, and it causes warmth of the surface, accompanied by a greater flow of perspiration. As an expectorant the remedy seems to do the most good only in bronchial affections, increasing the secretion and facilitating the tendency for its elimination.

On the kidneys the same results are as well recognized, but it should not be advised or used as a diuretic except in small doses, fre-

quently repeated, and largely diluted or combined with other diuretics.

Therapeutic Uses.—It is frequently employed externally by bruising the plant and applying it as a cataplasm in bruises and contusions, also in sprains. Applied to the head and covered with a handkerchief, it rarely fails to relieve different forms of severe headache. Mixed with linseed-meal and laid over ill-conditioned sores and ulcers, in some instances a healthy granulating surface is apt to occur. In anæmic states with atony of the generative organs of the male, the fluid extract of polygonum has produced many happy results. The most esteemed uses, however, of the plant are for its emmenagogue properties, which it possesses in the highest degree, if properly and judiciously used. In domestic practice it is not infrequent to see the housewife in the country, on a winter's evening, busy herself, between other duties, preparing a hot tea of the polygonum for her daughter, who has been exposed to a cold and wetting occupation during a melting snow, has unfortunately gotten her feet wet, and suppressed the menstrual flow which should have pleased the fair maiden some days previous. She is put to bed, her feet are immersed for some minutes in a vessel of hot water, to which some of the plant has been previously introduced. She is now in her bed, a good draught of the infusion is administered, not with much pleasure, in fact, on account of its taste, but with the happy and effective result soon to be looked for,—the occurrence of the menstrual flow, which rarely fails to re-appear.

It is the general belief of some physicians that polygonum is particularly adapted to those cases of amenorrhœa in which the ovarian function is inactive or associated with a chlorotic condition or general torpor, and should be unwisely prescribed or contra-indicated in plethoric women, or in congestive complications of the uterine appendages; but from my own experience I have seen it used in all conditions of the system, and have unhesitatingly prescribed it in all classes of cases as they have come under my attention, without any evil results attending its employment. I would suggest that in the second class to be considered, *i.e.*, of plethora, a brisk purgative should precede the use of polygonum, and the remedy continued until the results are obtained. A pill composed of aloin, resin of jalap, and

extract of hyoscyamus, or the compound jalap powder, will tend markedly to lessen any hyperæmia of the distended vessels. The preparations that have answered most successfully in my hands are the infusion and fluid extract. The latter, however, must be very carefully prepared, and an article that has been hastened in its evaporation by the aid of too much heat would be comparatively worthless, and even inert. The solid extract is of little value, as most of the preparations are utterly valueless in amenorrhœa.

From my own notes I could give many examples where this drug has been the means of restoring a temporary suppression; therefore, setting those aside, I will cite a limited number of cases that were brought under my notice, whereby I must ask for its growing favor:—

Prudentia C., a well developed, plethoric country lass with florid face, aged 23 years, had never had any ill health since she was 13; prior to that time, suffered only from juvenile disorders. She came to me two years ago, stating that she "had not been unwell since she was 14 years old; had been under the care of a physician who told her that she would never menstruate again, that she was malformed and her organs could not react. She also stated that she never complained of ever feeling badly in any respect, and that her health was otherwise most excellent." I began to doubt the ability to do anything for her, but she requesting me to assist her in every way I could, I resolved to try the merits of the remedy, and placed her upon the treatment of polygonum, choosing the fluid extract of polygonum hydropiperoides, advising plenty of out door exercise, horseback riding, and friction over the lumbar region with coarse towels wrung out of a chloride-of-sodium solution at night, and particular attention to the condition of her diet and bowels. Commencing with 15 minims of a trustworthy preparation, continuing with the remedy and dose for two weeks I gradually increased to 30 minims, and finally to 60 thrice to twice daily if it produced much nausea, discontinuing its use for two weeks for an intermission, and recommencing at that time with the 30-minim dose for a period of eight weeks. From the close of this date a well-developed menstrual flow occurred, which lasted five days. The remedy was lessened for the following month, ending as before stated. Ceasing the

remedy altogether and strictly attending to her alimentary system, a regular and systematic natural menstruation was thoroughly established to the present time.

Kate P., aged 24 years, another country miss of healthy parents and fine physique, had not menstruated for nine years, having, as her mother informed me, "not seen anything after the age of fifteen." She has been in good health, except for an attack of pneumonia thirteen months ago. I commenced with the fluid extract of polygonum in 30-minim doses thrice daily, continuing its use for seven weeks, when a free menstruation occurred, and has returned almost regularly up to the present time. From these two remarkable cases, which were strictly under my care, I feel safe in saying that we can attribute the restoration of the hidden function to the use of this valuable remedy. Many other cases I could relate depicting the value of this remedy in all stages and conditions of womanhood, but these are sufficient to show the efficacy of the remedy, which I am of the opinion has been sneeringly laid aside by many physicians. The use of polygonum, I am told, was common in the time of slavery in the Southern States, steeped with *Baptisia tinctoria* (wild indigo) with the view of producing abortion, but I have never heard of any instance where it was so used in the Northern States.

SIXTY-FIFTH AND VINE STREETS, PHILADELPHIA.

THE TREATMENT OF ACUTE VAGINITIS.

By E. L. B. GODFREY, M.D.,
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OF whatever variety, the distressing local symptoms of acute vaginitis—comprising heat, vesical and rectal tenesmus, painful micturition, and, at times, profuse discharge—can be best combated, as a rule, by the combination of the wet and dry methods of local treatment. Should vaginitis, however, be secondary to or complicated with endometritis, special treatment is required for the endometrium. The dry method of treatment is more troublesome than the wet, since it requires the active attention of the medical attendant. Its employment, however, will prove more satisfactory in that it cuts short the ordinary duration of the disease and tends to prevent complications arising from an extension of the inflammation to the uterus and ovaries.

After cleansing the vagina with a douche

medicated with borax, a drachm to the pint of water; permanganate of potassium, sufficient to discolor water; or bichloride of mercury, 1 to 3000, the vagina is dusted with aristol, iodoform, or bismuth and boracic acid, and the vaginal walls kept apart with a tampon of antiseptic cotton. The tampon should be removed daily and the douche and dusting repeated. In the meantime, quietness in the recumbent posture and abstinence from stimulating food should be enjoined and the bowels kept in a soluble state. Vaginitis tends to recur after its apparent cure, on account of the folds of the lining membrane of the vagina retaining the discharge. The treatment, therefore, should be persisted in until all indications of the disease have passed away. Should spots of inflammation persistently remain after the continuance of this method of local treatment, the application of nitrate of silver will be found serviceable.

Of the importance of giving strict antiseptic attention to vaginitis when of specific origin there can be no question, on account of its tendency to extend to the Fallopian tubes and to impair their functional activity, if not to destroy it either through adhesions or suppuration.

NOTES ON DISEASES OF THE SKIN.

By W. McMURRAY, M.D.

DURING my visit to the hospitals in Vienna and Paris, I observed good results from the use of the following formulæ in various diseases of the skin:—

ACNE.

First express comedones, open all abscesses, and curette the skin; then rub skin with soft soap, fluid glycerin soap, or spt. sap. kal. with flannel. In stubborn cases allow soap to remain on all night and wash off in the morning; then apply dusting powder. Seek cause if possible, such as chlorosis, diseases of women, syphilis, dyspepsia—above all, first express, puncture the points, and afterward use the outward applications.

Résumé.—1. In every case wash with soap, fluid glycerin, sulph., spt. sap. kal., resorcine, or naphthol (in obstinate cases let application remain on during night). 2. Wash, dry. 3. Apply the following lotions by penciling the sediment on, and allow it to remain on during the night:—

R Lac. sulphuris, ...	10.0
Spt. vini gallic., ...	50.0
Spt. lavand., ...	10.0
Glycerin., ...	1.0.—M.

Kaposi.

R Lac. sulphuris,	
Pot. carb.,	
Glycerin.,	
Spt. vini gall.,	
Aq. naphthæ, ...	āā 10.0.—M.

Kaposi.

R Sodii hyposulph., ...	1.0
Aluminis, ...	1.0
Aq. ros., ...	50.0
Spt. odorat., ...	5.0.—M.

Cosmetic Cream.

R Sulph. præcip.,	
Spt. sap. kal.,	
Glycerin., ...	āā 10.0.—M.

Pencil on at bed-time; in the morning wash with borax lotion.

The French do not advocate heroic measures. Chlorosis is treated by iron—Sir A. Clark's mixture or Blaud's pill—and sometimes Wilson's mist. ferro-arsenicale.

In obstinate cases, sulphur internally, in pastilles or honey and sulph., or sulphur-water. Hardy gives chloride of sodium twice daily in obstinate cases; others, calc. sulph. $\frac{1}{4}$ grain (5 milligrammes) four times daily. Unna recommends:—

R Ichthyol., ...	6.0
Eau. dest., ...	20.0.—M.

Dose, 15 to 50 drops three times daily.—*Unna.*

Arsenic is given by some in extensive acne, with good results, and Piffard, of New York, uses a weak solution of bromide of arsenic. Denslow employs ergotin alone or combined with calc. sulph. Others give mercury in pill, alcohol (Lewin), etc.

These internal medications are used alone in France and America.

Avoid coffee, tea, alcohol, wine, game, preserved foods, shell-fish, greasy foods, cheese, etc. When dilatation of the stomach is present, with flatulent dyspepsia, and excess of HCl, give:—

R Naphthol-β, ...	0.50
Bismuth. salicyl., ...	0.30
Magnesia, ...	0.30.—M.

For one cachet; 4 during day.

Where constipation exists, diet, purgatives, electricity to abdomen, massage, etc. When sluggish circulation exists, look for cause; in-

sist on exercise, baths, etc., wearing flannel, and rub the extremities with stimulating liniments, e.g., camphor, alcohol, or spirit of lavender. Genito-urinary organs must be looked to in young people. To girls with discharge, give astringent injections; for young men with chronic gleet, passage of cold sound occasionally. The Americans attach more importance to this than other schools. Chronic rhinitis is looked upon as the cause sometimes. Lymphatic and strumous patients require also constitutional treatment. In the latter, Gruber gives glycerin internally, and to those who have greasy skins.

R Sulph. subl., ...	10.0
Spt. sap. kal., ...	20.0
Spt. lavand., ...	60.0
Bal. Peru., ...	1.5
Spt. camph., ...	1.0
Ol. bergam., ...	gtt. v.—M.

Kaposi.

R Lac. sulph., ...	10.0
Pot. carb., ...	5.0
Spt. sap. kal., ...	20.0
Glycerin., ...	50.0
Ol. caryophyll., ...	1.0
Ol. menth., ...	1.0
Ol. rosmarin., ...	1.0.—M.

*Kaposi.**Kammerfeld's Water.*

R Lac. sulph., ...	6.0
Camphoræ, ...	0.5
Mucil. acaciæ, ...	3.0.—M.

R Liq. calcis, ...	50.0
Aq. ros., ...	50.0.—M.

Unna's Paste.

R Kaolin., ...	20.0
Glycerin., ...	15.0
Acid. acetic., ...	10.0
Ol. bergam., ...	gtt. iij.—M.

Next morning wash the face, when the salve can be re-applied, or dust on powder,—Wilson's salve, zinc salve, or the following:—

R Zinc. ox., ...	20.0
Ung. emoll., ...	100.0
Ol. resedæ, ...	2.0
Ol. rosæ, ...	gtt. v.—M.

Kaposi.

R Bism. subnit., ...	5.0
Zinc. ox., ...	5.0
Ung. emoll., ...	50.0
Ol. naphthæ, ...	gtt. iv.—M.

Kaposi.

℞ Ung. emoll., ...	50.0
Zinc. ox., ...	5.0
Glycerin., ...	1.5
Tr. benz., ...	1.0.—M.

Kaposi.

The Germans and Austrians also use—

℞ Bism. subnitr., ...	5.0
Hydr. ammon., ...	5.0
Vaselin., ...	50.0.—M.
℞ Ichthyol., ...	3.0
Aquæ, ...	10.0
Glycerin., ...	10.0
Dextrin., ...	10.0.—M.

Wash-Water.

℞ Sodii borat., ...	5.0
Glycerin., ...	10.0
Spt. vini., ...	10.0
Aq. rosæ, ...	200.0.—M.

COMEDO, WITH SEBORRŒA.

℞ Sulph. præcip., ...	
Spt. sap. kal., ...	
Glycerin., ...	āā 10.0.—M.

Pencil at night, and in the morning wash with borax lotion.

COSMETICS.

Cold Cream.

℞ Ceræ. alb., ...	20.0
Cetacei, ...	20.0
Ol. amygd., ...	180.0
Aq. flor. aur., ...	90.0
Aq. rosæ, ...	90.0
Ol. rosæ, ...	gtt. xij
Ol. geranii, ...	gtt. xij
Ol. amygd. amar. æth., ...	gtt. j
Ol. bergam., ...	gtt. iv
Ol. neroli, ...	gtt. iij.—M.

Glycerin Honey.

℞ Glycerin., ...	1000.0
Aq. flor. aur., ...	120.0
Ol. neroli, ...	1.0
Amygd. am., ...	1.0.—M.

For rubbing in and washing.

Virgin Milk.

℞ Tr. toltutan., ...	7.0
Aq. rosæ, ...	565.0.—M.

Add ½ to a glass of water, and use for washing.

Washing-Water.

℞ Tr. benzoin., ...	4.0
Potass. carb., ...	1.0
Spt. camph., ...	1.0
Aq. cologn., ...	250.0
Tr. ambr. mpsch., ...	0.25.—M.

To develop a fine complexion a good method is: wash in water tepid with spt. sap. kal., and, after drying, rub in crème célestê, known as ung. emol. or cold cream.

Lilionèse.

℞ Sod. borat., ...	10.0
Pot. carb., ...	5.0
Aq. ros., ...	80.0
Aq. rub. id., ...	80.0
Sp. odorat., ...	40.0.—M.

Startin's Lotion.

℞ Sodii borat., ...	10.0
Potass. chlor., ...	5.0
Glycerin., ...	50.0
Aq. rosæ, ...	250.0
Alcohol., ...	20.0
Ol. rosæ, ...	1.0.—M.

Carbonic Acid and Corrosive Applications.

℞ Potass. carb., ...	2.0
Tr. benz., ...	10.0
Aq. rosæ, ...	200.00.—M.

Add one tablespoonful to water; then wash.

℞ Sodii carb., ...	1.0
Sodii borat., ...	5.0
Aq. dest., ...	100.0
Aq. rosæ, ...	200.0.—M.

Flushing and Redness in Face.

℞ Alumin., ...	2.0
Sod. boratis, ...	2.0
Aq. ros., ...	150.0
Tr. benz., ...	5.0.—M.

Bathe with, and after a little while bathe with spt. camph.

Beautifying Lotion Where Red Patches are Present.

℞ Zinci sulphocarb., ...	2.0
Glycerin., ...	20.0
Aq. ros., ...	30.0
Aq. colgn., ...	5.0.—M.

For washing purposes.

Essence Soap.

℞ Sap. alb., ...	1.0
Alcohol., ...	4.0
Aq. ros., ...	1.0
Aq. naph., ...	1.0.—M.

In using the alkaline applications on delicate skins, especially the wash applications, it is often better to dilute them. A very good preparation is tr. quillaia with ol. bergamot, diluted five times, for washing purposes. After a time, when the complexion is stationary, one can use with benefit the following:—

Lotio Cosmetic.

℞ Sod. borat., ...	3.0
Aq. ros., ...	100.0
Tr. benz., ...	1.0.—M.

SPRAY AND TOILET WATERS.

R Tr. moschi, ...	4.0
Tr. ambræ, ...	2.0
Spt. rosæ, ...	1.0.—M.

Patchoul Essence.

R Ol. patchoul, ...	8.0
Ol. rosæ, ...	2.0
Alcohol, ...	500.0.—M.

Lavender Essence.

R Ol. lavand., ...	2.0
Aq. rosæ, ...	20.0
Alcohol, ...	100.0.—M.

Violet Essence.

R Ess. rosæ, ...	56.0
Ess. flor. aurant., ...	28.0
Ess. acacia, ...	28.0
Tr. vanill., ...	11.0
Ol. carophyll, ...	1.0.—M.

COSMETICS FOR BEAUTIFYING THE COMPLEXION.

Cacao Cream.

R Ol. cacao, ...	5.0
Ol. ricini, ...	30.0
Ol. berg., ...	1.0
Aq. cologn., ...	20.0.—M.

Glycerin Cream.

R Cetacei, ...	6.5
Paraffini, ...	5.0
Ol. amygd., ...	25.0
Aq. ros., ...	10.0
Glycerini, ...	10.0
Ol. rosæ, ...	0.02.—M.

Cream of Beauty.

R Amygd. dul., ...	15.0
Aq. fl. aur., ...	60.0
Aq. ros., ...	60.0
Sodii borat., ...	1.0
Tr. benz., ...	2.0.—M.

Mix one to two parts in water, and wash.

Lanoline Pomade.

R Lanolini, ...	85.0
Ol. cacao, ...	25.0
Liq. et misce ol. ros., ...	0.01.—M.

Lanolini Milk.

R Lanolini, ...	10.0
Sodii borat., ...	1.0
Aq. ros., ...	100.0.—M.

COSMETICS FOR THE HAIR.

When the hair grows in the wrong direction it must be epilated or secured by adhesive material (*i.e.*, terebinth., 4.0; resin pine, 5.0), or the papilla destroyed by galvano-puncture or chemically.

To make the hair dry, wash with soap water

or powder at night and comb in the morning; also—

R Aq. picis, ...	300.0
Potass. chlorid., ...	10.0
Amm. pur. liq., ...	4.0.—M.

Dilute and wash until a foam is formed.

Dandruff.

R Acid. carbol., ...	5.0
Bal. Peruv., ...	5.0
Spt. lavand., ...	5.0
Spt. vin. gal., ...	300.0.—M.

Falling and Thinning of the Hair.

R Tr. cinchon., ...	30.0
Tr. cantharid., ...	2.0
Acid. carbol., ...	2.0
Tr. nux vom., ...	7.5
Aq. cologn., ...	
Ol. cocois, ...	āā q. s. ad 120.0.—M.

R Quinin., ...	1.0
Ac. tannic., ...	2.0
Tr. arom. amm., ...	20.0
Ol. oliv., ...	50.0
Cocoa, ...	100.0.—M.

Rub until a foam is formed twice daily.

Hebra's Pomade.

R Bal. Peruv., ...	2.0
Ung. simp., ...	80.0.—M.

Pincus Salve.

R Ol. Ruci, ...	
Spt. vin. con., ...	āā 40.0
Ol. sabin., ...	gtt. xv
Tr. ambr. mosch., ...	2.0.—M.

Stimulating Lotion.

R Tr. canth., ...	5.0
Ol. rosmarini, ...	gtt. x
Ol. lavand., ...	gtt. x
Aq. cologn., ...	50.0

Vel—

R Ol. sabin., ...	1.0
Spt. vini rect., ...	30.0.—M.

Pincus.

Splitting of Hair.

R Quinin. sulph., ...	1.0
Acid. acetic., ...	0.5
Acid. carbol., ...	0.5
Mist. ol. bals., ...	20.0

Misce et adde

Glycerin., ...	30.0
Ol. ricini, ...	100.0.—M.
R Pilocarpin., ...	0.50
Vaselin. liq., ...	100.0.—M.

This is sometimes followed by good results.

R Ext. cinchon., ...	3.0
Tr. catechu., ...	5.0
Bal. Peruv., ...	1.0
Spt. vin. rect., ...	2.0
Ung. pom., ...	100.0.—M.

Liq. Trichopathicus.

R Quinin. sulph., ...	1.0
Acid. acet., ...	0.5
Acid. carbol., ...	0.5
Mist. oleos. bal., ...	20.0
Glycerin., ...	30.0
Ol. ricini, ...	100.0.—M.

Alopecia.

Seek the cause, *i.e.*, chlorosis, anæmia, syphilis, dyspepsia, seborrhœa.

* *Treatment.*—Twice weekly wash with spt. sap. kal., and twice daily pencil on one of the following applications:—

R Tr. benz., ...	2.0
Ac. salicyl., ...	5.0
Spt. vin. gall., ...	200.0.—M.

The following are used for making the hair lie smooth:—

Crème Neige.

R Cer. alb., ...	4.0
Cetacea, ...	8.0
(Liq. et misce.)	
Ol. amygd., ...	240.0
(Semi-cold, shake with)	
Aq. rosæ, ...	2.0
Glycerin., ...	2.0
Ol. rosæ, ...	gtt. ij.—M.

Hair-Oil.

R Ol. amygd., ...	25.0
Ol. resed., ...	10.0
Ol. viol., ...	20.0
Ol. ros. æth., ...	gtt. j.—M.

Brilliantines.

R Sodii borat., ...	6.0
Pulv. acac., ...	1.0
Aq. odorat., ...	100.0
Spir. camph., ...	3.0

Vel—

R Pulv. acac., ...	1.5
Sacch. alb., ...	1.5
Aq. ros., ...	100.0
Aq. colori., ...	10.0.—M.

Brilliantine Liquor.

R Glycerin., ...	
Ol. ricini, ...	
Alcohol., ...	āā p. æqual.
Olei odorat., ...	q. s.—M.

Bandoline

R Trag., ...	1.0
Aq. ros., ...	20.0
F. mucil. adde carminii, q. s.	

DUSTING POWDERS.

Almond Sand Pulv.

R Plæ. amygd. pulv., ...	24.0
Amyl. trit., ...	24.0
Sodii borat., ...	10.0
Glycerin., ...	10.0
Pulv. rad. flor., ...	5.0
Terr. silic (trip.), ...	25.0
Talc. prep., ...	2.0.—M.

Salicylic Powder.

R Acid. salicyl., ...	3.0
Amyl. trit., ...	10.0
Talc. ven. præp., ...	87.0.—M.

R Zinc. ox., ...	5.0
Amyl. pur., ...	30.0.—M.

R P. lapis. bap., ...	30.0
Talc. venet., ...	30.0
Amyl. oryx., ...	30.0
Ol. nerolii, ...	gtt. ij
Ol. rosæ, ...	gtt. iv
Zinc. ox., ...	10.0.—M.

Kaposi.

PIGMENT AND LENTIGO.

R Sulph. præcip., ...	25.0
Ac. acet. arom., ...	q.s.—M.
Fiat pasta.	

Liq. Gowlandi.

R Em. amyg. am., ...	190.0
Hyd. bichlor., ...	0.1
Ammon. chlor., ...	0.2
Spt. vin., ...	5.0
Aq. laurocer., ...	5.0.—M.

Oriental Water.

R Hyd. chl. corr., ...	0.05
Ess. amyg. am., ...	300.0
Tr. benzoin., ...	1.5.—M.

Hebra.

Uterine Chlosasma.

R Ol. theobrom., ...	10.0
Ol. ricini, ...	10.0
Ox. zinci, ...	0.20
Hydr. ammon., ...	0.10
Ol. ros., ...	gtt. v.—M.

Pencil on morning and evening.

Freckle Collodion.

R Zinci sulphocarb., ...	1.0
Alcohol., ...	5.0
Collod., ...	75.0
Ol. limonis, ...	5.0.—M.

Freckle Salve.

R Hydr. ammon., ...	2.0
Cerat., ...	50.0.—M.

Lentigo or Freckle Salve.

R Hydr. ammon., ...	1.0
Bism. subnitr., ...	1.0
Cerat., ...	10.0.—M.

ABSTRACTS.

VIBURNUM PRUNIFOLIUM IN LEG-CRAMP.—The specific tincture of viburnum in 10-drop doses thrice daily (*Med. Sum.*) has been found of value in cramps of the legs.—*Med. Standard*, April, 1891.

TEST OF COMPLETE CHLOROFORM NARCOSIS.—Guelliot (*Journal de Médecine de Paris*) claims that the absence of the cremasteric reflex is one of the best and readiest means of determining complete chloroform narcosis. The quickness and force with which the reaction is produced is some index of the degree of narcosis. The point seems to be one well worthy of consideration by the practical surgeon.—*Journ. Amer. Med. Assoc.*, April 19, 1891.

SPONTANEOUS COMBUSTION.—At the Manchester Pathological Society, Dr. E. S. Reynolds read a paper on "So-called Spontaneous Combustion," with details of a recent case. All the reported cases of so-called spontaneous combustion might be divided into five classes—(a) hysterical, (b) spurious, (c) true spontaneous combustion, (d) increased combustibility, (e) homicidal. Probably no such thing as true spontaneous combustion had ever occurred, and almost every case was merely one of increased combustibility, the body being first set on fire, and then going on burning independently like a candle. The presence of fat in the body was a great aid, although some patients had been thin; alcohol seemed to play a more important part, but how it acted was unknown. In a recent case a thin woman, aged 40, had, while drunk, fallen near a hearth, where she was found next morning with the flesh still burning. The femora were carbonized, the knee-joints open, but the stockings entire. The abdominal wall was burnt away and the intestines and stomach protruding, the latter being burnt through; the hands, head, and hair had escaped. The surrounding furniture was merely scorched.—*Brit. Med. Journal; Times and Register*, April 11, 1891.

DOCTORS AND POLITICS.—It is not generally known, says the San Francisco Chroni-

cle, that Marat, the Revolutionist dispatched by Charlotte Corday, was a physician, and that he had a certain success in treating consumption. It is recorded of him that he cured a titled lady of this disease in its advanced stages, and that her gratitude to him knew no bounds. Unfortunately he was enticed into politics and prevented from pursuing his studies further in a direction that might have made his memory revered instead of detested.

For some reason doctors seem to drift naturally toward politics and radicalism, perhaps because their profession tends to render them skeptical. In Brazil and the Argentine Republic they have shown themselves decidedly ambitious. The celebrated Dr. Charcot is a radical whose principles verge on the revolutionary. Clemenceau gave up his medical practice years ago to devote himself to politics, and, though he is a man of great talent and a brilliant orator, his political efforts have not contributed to his personal advancement or been of great benefit to his country. Besides Clemenceau there are from forty to fifty physicians in the French Chamber of Deputies.—*Journ. Amer. Med. Assoc.*, April 18, 1891.

OPHTHALMIC ZONA FOLLOWED BY EPISTAXIS.—Two days ago a man, 39 years of age, was received into La Charité. Ten days before his entrance he had been attacked by a slight epistaxis. On the evening of admittance he had had a severe hæmorrhage and was brought to the house as an urgent case. That he had lost an enormous quantity of blood was evident from his blanched appearance and from the fact that the blood streamed in an almost continuous jet from his left nostril. The resident checked the bleeding by means of tampons and the man was placed in the ward. Neither a local nor systemic cause could be found for the hæmorrhage.

In examining the patient, our attention was arrested by certain crusts limited to the left side of the forehead. The crusts were brownish, disseminated, and did not extend beyond the median line. Beside the crusts there was observed a yellowish discoloration, which, at first sight, might be thought due to uncleanness, but which could not be removed by washing and stopped abruptly at the median line. The patient related that eight or ten

days previously he had suffered from an eruption which occupied the region upon which we see the crusts and discoloration and encroached upon the upper part of the left side of the nose. This eruption, which was vesicular at first, was accompanied by acute pain, twitchings, and prickings which prevented him from sleeping. In completing the account I must add that there was present an anæsthesia of the upper portion of the face (forehead and upper eyelid), an anæsthesia in relation to the different varieties of sensibility, to pain upon pressure, to touch and temperature. It is to be regretted that no effort was made to ascertain whether there was any modification of local temperature. The eye is intact, but there is a slight fall of the upper lid.

This symptomatic picture of an eruption rapidly becoming crustaceous, accompanied by neuralgiform pains, arrested at the median line and corresponding to a territory of nerve distribution indicates that, without doubt, the case was one of ophthalmic zona. This variety of herpes zoster develops most often, as its name suggests, in the district supplied by the ophthalmic nerve of Willis, although the other two branches of the fifth may also be affected. A graphic description of this form was given in 1866 by Hutchinson. It was completed in 1872 by the thesis of Hybord, to speak only of the principal publications upon the subject.

The phenomenon of painful anæsthesia is sometimes met with in these cases. The eruption, which may be accompanied by an oedematous swelling, corresponds exactly to the territory supplied by branches of the ophthalmic nerve. The branch usually involved is the frontal; and in order of frequency the frontal and its supra-trochlear branch, the frontal trochlear, and, finally, the lachrymal nerve. At the time of the eruption special symptoms may be observed, referable to the nasal mucous membrane. In such a case we are authorized in believing that the nasal nerve participates in the lesion. It is probable in the present case that the superior maxillary nerve has been involved and that the epistaxis was due to a zona of that nerve, co-existing with a zona of the ophthalmic branch, although the absence of any other symptom along the tract of the nerve or at the infra-orbital foramen forbids a positive affirmation upon this point. There is in our patient an affection of the nasal mucous membrane, which had existed prior to the erup-

tion. This is an augmented and a rather abundant formation of crusts, and which has given rise to a constant snuffling. The occurrence of grave nasal hæmorrhage in the course of an ophthalmic zona is an interesting feature, and, as far as I am aware, has never before been recorded.

This is not the only complication that may occur in herpes zoster. Ocular troubles are frequent and are present, according to some, in 67 per cent., and according to others in 70 per cent. of the cases. The lesions are corneal ulcerations, iritis, and irido-choroiditis. In our case the eye has not been attacked.

In rarer instances muscular paralyses are observed. It is generally the motor oculi and the muscles which it supplies that are affected. One or two muscles are attacked at the same time, and the levator palpebræ superioris is the one most often involved.

The history of the patient tells us only of a pneumonia, but we have found upon the roof of the mouth traces of deep ulceration. Is this cicatrix due to tertiary syphilis or to scrofula? This is difficult to decide positively, although two scars of equally undecided character are found upon the right leg.—From the surgical clinic of La Charité, by Professor Duplay; *La Tribune Médicale*, April 2, 1891.

ENCAPSULATED AND SUPPURATING ANGIOMA OF THE ORBIT IN THE COURSE OF TYPHOID FEVER.—This was the subject of a paper read March 30, 1891, by M. Panas before the French Surgical Congress. The writer remarked that exophthalmos is produced by any kind of tumor within the orbit. We are justified in making a diagnosis of angioma when nævi are present upon the eyelids or around the orbit. The case described concerned a little girl 11 years old. Exophthalmos had developed at the age of 2 years and had increased until the age of 5. At that time a physician practiced electrolysis and interstitial injections of Pagliari's solution. Under the influence of this treatment the tumor had diminished, but exophthalmos persisted, the deeper portion of the tumor probably being unaffected. At the age of 7 the child contracted typhoid fever, and at the close of the attack, after defervescence, an abscess of the orbit suddenly developed. The general condition at the time was so bad that Panas did not attempt enucleation of the eyeball. As a

general rule it is, notwithstanding the opinion of von Graefe, necessary to operate promptly, and that is the only practice which appeared rational to the writer. To this rule he recognized but a single exception, and that is when the patient is the subject of a general infection, as in the case under discussion. For, what effect has an operation under such conditions? It is a sort of invitation by the operation wound to pathogenetic micro-organisms, and infectious complications delay not to declare themselves—meningitis, for example, when we are concerned with operations upon the eyeball. In a case of the kind which the writer recalled, he had found the staphylococcus albus in the pleura, lungs, meninges, and cellular tissue of the orbit.

Panas operated upon his patient two months later. He found an isolated tumor without connection with the eyeball or optic nerve. The centre of the tumor was a focus of suppuration and the pus constituted a pure culture of Eberth's bacillus. How is the penetration of these bacilli to the centre of the vascular tumor to be explained? This question leads us to the exceedingly difficult subject of the localization—special in each case—of the morbid agents. In that under consideration the simplest explanation seemed to be the following: The bacilli were carried by the blood to the cavernous tissue in which the current was less rapid, and there they were precipitated, adhered to the walls of the large canals, and excited the series of modifications which terminated in the production of an abscess. The same etiological part may be performed by the depression of bodily temperature, of which the speaker had met with examples, or by traumatism, as illustrated by the experiments of Golzi, who fractured the thighs of 14 rabbits after previous injection into the lungs of typhoid bacilli, and in 10 of the animals discovered these organisms in the callus and in the line of fracture.—*La Tribune Médicale*, April 2, 1891.

FISTULA OF THE SACRAL REGION WITH DISCHARGE OF ENCEPHALO-RACHIDEAN FLUID.—

At the session, March 31st, of the same Congress, M. Verneuil described the case of a robust young woman who had always previously enjoyed good health. Her trouble had begun by an acute pain in the sacral region. This pain continued for four months. Gradually there developed a swelling which was associated

with pain in the course of the sciatic nerves. At the end of some time the tumor was opened, and from the orifice was discharged a purulent fluid in sufficient quantity to saturate the patient's clothing. Upon examination it was found that the fistula led to the second sacral vertebra. The case was probably one of old subperitoneal abscess with a sequestrum maintaining suppuration. The parts were laid open by means of the thermo-cautery, and it was found that the disease extended to the second sacral foramen. The nerves of the lumbar plexus were consequently involved. No sequestrum was discovered, and M. Verneuil contented himself with scraping the cavity. A simple dressing was applied. The next day the bandage was bathed in pus. The wound appeared to be a little pale, but was in good condition. On the fourth day after the operation the suppuration was complicated with coma without fever or vomiting, but with extreme dyspnoea. These symptoms caused the speaker to think that there had been an escape of encephalo-rachidean fluid. A chemical examination of the liquid, made by M. Villejean, proved that the suspicion was well founded. The state of the patient improved, but the speaker had not been able to follow the case. The progress of the affection led M. Verneuil to believe that the succession of events had been as follows: subperiosteal abscess of sacrum, perforation of the *cul-de-sac* of the pia mater, fistula with suppuration and discharge of cerebro-spinal fluid.—*La Tribune Médicale*, April 2, 1891.

GLYCOLYTIC POWER OF THE BLOOD.—M. Lépine, in collaboration with M. Barral, has been studying anew the glycolytic power of human blood. In order to demonstrate this property the amount of sugar present in the blood as it escaped from the vessels was estimated. Then, having kept the blood for an hour at a temperature of 38° to 39° C. (100.4° to 102.2° F.), a second estimate was made. It is known that in the dog this second calculation discloses a loss of one-fourth or one-third of the quantity of sugar. The same determination has been made in man in those conditions, as uræmia and pneumonia, in which blood could be withdrawn. The blood from these cases, like normal blood, lost in an hour at least one-fourth of its sugar. In a patient suffering from double pneumonia, however, the destruction was less. In other words, the

sugar-destroying power was less, which is not extraordinary, the experimenters having previously found that carbonic acid diminishes the glycolytic power.

M. Lépine has already declared that in diabetes the glycolytic function is diminished. In a number of diabetics the sugar-destroying capacity was represented by the figures 3 or 4 in place of 25 or 30. A hospital patient, the subject of acromegaly, was also glycosuric. It was thought that the glycosuria would disappear with regulation of the diet. But this diet-cure did not result and the glycolytic power is but 2 or 3 per cent. This woman has grave diabetes. The glycolytic power is of a certain prognostic importance. Finally, experiments made in 6 cases prove what had been announced eighteen months ago.

This communication has likewise the object of affirming that the glycolytic power depends actually upon a ferment, and is not a property of the tissues or the blood, as has latterly been claimed. In fact, if the globules are washed with a 7-per-cent. solution of salt, the water after washing has a greater glycolytic power than the serum. We have to deal, therefore, with a soluble ferment which is removed by the wash-water. The discovery of the sugar-destroying ferment is now achieved. The two points brought forward in this communication repose upon facts, and not upon hypotheses.—*La Tribune Médicale*, April 9, 1891.

INFLAMED AND SUPPURATING HÆMATOMA IN THE COURSE OF ERYSIPELAS.—At the meeting, April 3d, of the French Surgical Congress, M. Reclus said: "The case which I desire to report is of no special importance, but interesting on account of the succession of infectious manifestations. A woman, 40 years of age, presented herself in my service at the Hospital Broussais, with a tumor below the umbilicus presenting all the characters of an abscess of the rectus abdominis muscle. Two months before, when suffering from bronchitis, she had experienced, during a paroxysm of coughing, a severe pain at the point where the tumor subsequently developed. It is very probable that some fibres of the rectus abdominis were ruptured, resulting in the formation of a hæmatoma. Shortly afterward, the patient contracted an erysipelas of the wing of the nose and, fifteen days later, became aware of the growth of the swelling, which became hot and fluctuating.

The hæmatoma was then infected by the streptococcus of erysipelas, and transformed finally into an abscess. The pus of the abscess, examined at the Hospital Broussais and the Pasteur Institute was seen to be a pure culture of streptococci. The relation of the manifestations was, accordingly, as follows: bronchitis, rupture of the fibres of the rectus abdominis with a consecutive hæmatoma, erysipelas, and infection of the effused blood by streptococci."—*La Tribune Médicale*, April 16, 1891.

PROLONGED RETENTION OF URINE IN ACUTE GONORRHOEA.—At the same meeting, M. Rochet mentioned the case of a man aged 24 years, who, four days after contracting a gonorrhœa, was affected with retention of urine, which persisted in spite of repeated catheterization. The prostate was normal, and the urethra of proper calibre. An antispasmodic treatment was tried without success. Recourse was then had to injections of ergotin and electrization, and at the end of twenty-one days the retention disappeared. In order to explain the symptom we must admit a paralysis of the bladder. The patient not being hysterical, we may suppose that the gonorrhœal virus influenced the spinal cord and produced a functional paralysis of the vesical centre.—*La Tribune Médicale*, April 16, 1891.

OSTEO-PERIOSTITIS CONSECUTIVE TO TYPHOID FEVER.—At a meeting of the Academy of Medicine, April 14, 1891, M. Cornil remarked that, among infectious fevers, typhoid exercises the most evident influence upon the osseous system. The lymphoid marrow and the subperiosteal marrow appear to be modified by the microbe of the disease in the same manner as the tissue of the spleen. The speaker then mentioned a case illustrative of typhoid osteo-periostitis, in which he had been able to obtain pure cultures of the specific microbe of typhoid six months after the beginning of the fever.

M. Fournier considered that the diagnosis is difficult between osteo-periostitis due to typhoid fever and syphilitic exostoses. Treatment by iodide of potassium is always without result in the former case.—*La Tribune Médicale*, April 16, 1891.

EXPERIMENTAL RESEARCHES UPON THE PANCREAS.—At a meeting of the Biological Society, April 11, 1891, M. Gley read a note

from M. Hedon, of Montpellier, relative to the symptoms following the injection of paraffine into the pancreas. M. Gley had himself made the same experiments, and had always witnessed the development of glycosuria, rapid wasting, and increased excretion of urea. In answer to the query of M. Laborde whether he had not, in his experiments, wounded the solar plexus, M. Gley replied that his method of operation had left the pancreas exactly in place, and did not touch the nervous system. He had been able to assure himself that the resulting phenomena were under the influence of the pancreas acting as a blood-vascular gland, and not as an organ of digestion.—*La Tribune Médicale*, April 16, 1891.

OSTEOMYELITIS DUE TO STAPHYLOCOCCI, STREPTOCOCCI, AND PNEUMOCOCCI, CONSIDERED FROM AN EXPERIMENTAL AND CLINICAL POINT OF VIEW.—At the meeting, April 3, of the French Surgical Congress, M. Lannelongue spoke as follows: During the last two and a half years 37 cases of acute infectious osteomyelitis have been observed. In regard to the microbes by which they were caused, 21 were due to the staphylococcus aureus, 7 to the *S. albus*, 1 to the *S. albus* and *S. aureus*, 4 to a streptococcus, 2 to the pneumococcus of Fränkel, and 2 to the bacillus of Eberth. Since M. Pasteur demonstrated, in 1880, that this affection is the furuncle of bone, numerous researches have been made concerning its microbes. The investigations of Rodet, of Lyons, should be especially mentioned. Until lately, however, nothing was known but osteomyelitis from staphylococci. MM. Lannelongue and Archard have shown that there are cases in which the pathogenetic organism is a streptococcus or even the pneumococcus. They have inoculated rabbits with these different microbes. Injections of the staphylococcus aureus have produced subperiosteal and intramedullary abscesses, purulent infiltrations, necroses, epiphyseal separations, etc. The *S. albus* has excited the same lesions, but in order to obtain them larger doses are necessary, which, from the pathological point of view, seems to indicate that this is an attenuated form of the same microbe. The streptococcus occasioned the same alterations with a greater frequency of articular inflammations and often of erysipelas. This organism is

found disseminated particularly in the Haversian canals and periosteum. Osteomyelitis from streptococci presents, clinically, certain peculiarities, and its diagnosis is, to a certain extent, possible. The clinical picture is sufficiently clear. Invasion is abrupt and rapid: the temperature rises at once to 39°, 40°, 41° C. (102.2°, 104°, 105.8° F.), but does not remain so high. It falls at the end of two days, and shows nothing more than the great oscillations characteristic of pyæmia. Locally, suppuration proceeds rapidly, the pus later on becoming more liquid and serous. There is no peripheral swelling. When the abscess is situated near to the skin, this subsequently becomes red from angioleucitis. The streptococcus affects the lymphatics, whereas the staphylococcus prefers the vascular network and the veins in particular. The angioleucitis and adenitis (hard and painful ganglia) observed demonstrate this selection. In osteomyelitis from staphylococci adenitis never occurs. Again, articular complications are more common in osteomyelitis from staphylococci. This form is generally met with in very young children, even in newborn infants, whose mothers have been subjects of puerperal accidents; that is to say, of infection from streptococci. What is known at present tends to prove that if the patient is not destroyed within twenty-four hours by the extraordinary virulence of the microbe the prognosis is more favorable. The marrow is not a favorable soil for this microbe; it does not produce great ravages or extensive sequestra. Osteomyelitis from pneumococci has been twice encountered. In these 2 cases there was no apparent avenue of entrance. The microbe must have been conveyed by the general circulation. In these cases the lesions are still less, the joints suppurate abundantly, but the inflammation subsides rather quickly. The exciting cause is the pneumococcus of Fränkel. Osteomyelitis due to Eberth's bacillus has not yet been sufficiently studied to enable me to speak of it to-day.—*Le Progrès Médical*, April 11, 1891.

PSÉUDO MEMBRANOUS ANGINA DUE TO PNEUMOCOCCI.—In one of his clinics Professor Jaccoud reported the case of a patient who presented all the symptoms of a serious diphtheritic angina. The disease began with high fever, torpor, and pain in the throat. Examination revealed a well-defined false mem-

brane, which was thick and consequently different from the pultaceous deposits of scarlatinous angina. It was solid and adherent. A large glandular swelling was observed, with oedema of the periglandular cellular region. Some days after the inception the second tonsil and the uvula were attacked, and the urine contained albumen. In spite of the gravity of the disorder the patient made a good recovery. The interesting feature of the case, and that which led Dr. Jaccoud to make it the subject of clinical remark, was that although the symptomatic picture was that of diphtheritic angina, yet, from a bacteriological point of view, the disease was not really of diphtheritic character. The bacillus of Loeffler could not, in fact, at any time be found in the false membrane, but the pneumococcus could constantly be detected in great abundance. This, says Jaccoud, constitutes the first observation of the kind, and suggests to him the following reflection: that, notwithstanding the importance of the bacillary element, we must always take into account the organic element, with the individuality of the patient. In fine, adds the professor, is it not strange to witness certain patients develop pneumonia as a result of pneumococci, while another, in whose mouth the same organisms are found abundantly, should have a pseudo membranous angina?—*Revue de Laryngologie*, etc., April 15, 1891.

THYROIDITIS CAUSED BY PNEUMOCOCCI.—At the meeting of the French Surgical Congress, M. Gerard-Marchand reported a very interesting case of thyroiditis of spontaneous development. The gland was not enlarged prior to the attack, though it had formerly been considerably hypertrophied. Bacteriological examination of the pus, withdrawn under strict antiseptic precautions, revealed the presence of pneumococci. Peritonitis, pleurisy, parotiditis are known to have been excited by pneumococci, but this is the first case on record in which they have given rise to inflammation of the thyroid.—*Revue de Laryngologie*, etc., May 1, 1891.

CYSTS OF THE PANCREAS.—This was the subject of a communication by M. Hartmann to the French Surgical Congress. He described the case of a woman aged 53 years, who had suffered from various disorders of digestion, dyspepsia, disgust for fatty foods, from moder-

ately severe pain but not colic, and who had an abdominal tumor which gradually increased in size. She had a pale, yellowish, and earthy complexion. The tumor gave a sensation comparable to renal ballottement, was situated to the left of and a little above the umbilicus. There was a tympanitic zone between the tumor and the liver. The abdomen was opened without an exact diagnosis having been made. The tumor crowded the stomach upward, the colon downward, and distended the great omentum. Upon incising the serous layer which covered the tumor and trying in vain to disengage it, a puncture was made, giving exit to 2 litres (3½ pints) of chocolate-colored fluid. It was then fixed to the abdominal wall and drained. At the end of some months the patient died with all the signs of obstruction of the pylorus. At the autopsy there was found a cystic epithelioma of the pancreas. This patient had exhibited all the classical signs of cyst of the pancreas—wasting, dyspepsia, local pain (phenomena which are almost constant)—and a tumor corresponding to the situation of the pancreas; that is, upon the left side of the vertebral column, between the stomach and colon, and presenting the sign of ballottement. According to M. Hartmann, in fact, ballottement can only exist in tumors in immediate contact with the vertebral column. When the diagnosis is made—and it can generally be made—we must positively avoid puncture, which has in several instances excited peritonitis, and should perform an exploratory laparotomy, which may prove curative. Extirpation is always very serious, on account of adhesions of the tumor, its relation with great vessels and with the stomach, to which it is sometimes firmly fixed. A better plan is to establish drainage. The formation of a pancreatic fistula need not be feared, for a pancreatic cyst from retro-dilatation does not occur, notwithstanding the assertion of Senn and Boeckel. There will be found, in fact, in the series of published cases, all the intermediate forms between small cysts and alveolar epithelioma and cysts with large cavities. The prognosis, hitherto considered favorable, should, on the contrary, be reserved, since we are concerned with a neoplasm.—*Le Progrès Médical*, April 11, 1891.

MALARIAL NEURALGIA OF THE TONGUE WITH ULCERATION.—Dr. Diberder has pub-

lished two cases of lingual neuralgia of a hitherto undescribed form. The special feature which distinguishes them is the presence of ulcer. One of the patients had suffered for six weeks from very violent pain in the tongue, upon which was seen an ulcer of 5 centimetres (2 inches) in extent. The lesion prevented the introduction even of certain fluids and the patient could only partake of broth and milk. In the second case the patient was likewise attacked with severe pain in the tongue, upon which aphthæ formed and soon ulcerated. Cauterizations made with a view of promoting cicatrization simply aggravated the pain. For certain reasons, Dr. Diberder suspected malarial infection and administered for several days 75 centigrammes (12 grains) of sulphate of quinine. At the end of ten days' treatment in the first case and of but a few days in the second the ulcers disappeared as well as the pain. The reporter considered that the result of treatment left no doubt as to the origin of the affection.—*Revue de Laryngologie*, etc., April 15, 1891.

HÆMORRHAGE FROM THE EAR IN HYPERTROPHIC CIRRHOSIS.—Otorrhagia should be considered, says Dr. R. Leudet, as one of the rarest forms of hæmorrhage produced by disease of the liver. The author, spite of his researches, has found no mention of this symptom, and this leads him to report the single case which fell under his observation. The patient, afflicted with hypertrophic cirrhosis, suffered from a series of hæmorrhages from the ear. These successive and quite abundant bleedings came from the left ear. Very pronounced varicosities covered the face of the patient, and several times before his entrance to the hospital small veins in the neighborhood of the mouth and above the left eye-brow had ruptured, giving issue to a certain quantity of blood. The author attributes the hæmorrhages from the ear to rupture of the veins of the tympanum. No autopsy was performed nor any otoscopic examination made, and the anatomical diagnosis of the lesion is therefore hypothetical.—*Revue de Laryngologie*, etc., April 15, 1891.

A CASE OF HYPERTROPHIC LUPUS OF THE EAR.—Dr. Augier reports the case of a woman aged 35 years, who for fifteen years had had an alteration of the lobule of the ear. The

lobule had acquired a considerable volume, hung as low as the angle of the jaw, was very much thickened, and of a coppery color. The morbid alteration had gradually invaded the lower half of the ear. On account of the deformity and unsightliness, the patient was in the habit of wearing a head-band, which kept the ear applied against the skull. Upon those points of the integument which were thus brought into contact with the diseased lobule veritable auto-inoculations, in the form of tubercular nodules, occurred. Between this secondary focus of tuberculosis and the ear a considerable interval of healthy skin existed. The lobule and lower half of the ear were easily excised and also the auto-inoculated nodules. Upon microscopic examination, M. Augier recognized a great number of typical tubercular nodules. The special point of interest in the case is the occurrence of auto-inoculation in those parts of the skin which had been in contact with the lobule of the ear.—*Revue de Laryngologie*, April 15, 1891.

EXHIBITION OF THE FIRST CASE OF LUPUS TREATED BY MEANS OF TUBERCULIN.—H. Levy, of Berlin, at a meeting of the German Surgical Society (April 1 to 4, 1891) exhibited a patient upon whom the effect of a nearly six months' course of treatment could be observed. A young woman 21 years of age had suffered for three years from an extensive lupus, which took its origin from a fistula leading to the humerus. On admission, October 7, 1890, she presented large scars upon the front and back of the neck and arm, as well as numerous small lupous nodules and crustaceous proliferations. The first injection, of 2 centigrammes, was given her on October 1st and was followed by high fever, unconsciousness for thirty-six hours, and softening or necrosis of the lesions. The last injection of 1 centigramme was made on the 5th of March. On the shoulder the remedy has, in a great measure, produced cicatrization. In other regions, the tuberculous tissue has been but partially destroyed; while a portion has remained unaffected. A complete removal of all the depots of disease has not as yet been effected. Nodules can still be detected around the margin of the cicatrix upon the arm. Moreover, after several months' treatment, new deposits have appeared upon the foot and fingers. A second patient, also a woman, 61

years of age, served as an example that the organism can become accustomed to large doses of the lymph and yet receive but little benefit. During one hundred and sixty-five days that she had been under treatment she had received, in thirty-six injections, a total quantity of 4.6 grammes tuberculin, the largest amount yet administered to any one. Nodules were present upon both cheeks and the nose. As soon as the crusts had fallen off a rapid new formation took place. Although since December neither local reaction nor fever has resulted, yet a considerable number of lupous nodules remain.—*Deutsche Med. Zeitung*, Apr. 9, 1891.

A CASE OF TRISMUS NEONATORUM TREATED WITH SULFONAL.—Dr. Julius Berenyi reports the case of a child 8 days old who developed tetanus on the fifth day after birth. On examination, he found the internal organs normal; the pulse was 148, the respirations 50 and quiet. The paroxysms were initiated by crying fits and great restlessness. The skin assumed a bluish color, and around the root of the nose the integument was thrown into thick folds. The nostrils became distended; the buccinators were rigid; the mouth was slightly opened, but would not admit the tip of the little finger. The abdominal wall was hard and tense; the upper extremities crossed in a flexed position over the chest; the thumbs were spasmodically flexed inward; the vertebral column was perfectly rigid. From 9 o'clock in the morning to 2 o'clock in the afternoon, the little patient had five attacks, of which the fourth lasted an hour. Berenyi administered 20 centigrammes of sulfonal in an enema and also gave the drug by the mouth. After the fifth attack, which was less intense than the others, the child began to take the breast. On the same day, three attacks of diminished severity occurred. On the following day, the paroxysms became less frequent and intense, and on the sixth day of treatment had disappeared completely. Altogether 10 grammes of sulfonal were employed, without the occurrence of somnolence or disagreeable after-effects.—*Pester Mediz-Chirurg Presse*, No. 7, 1891; *Therapeut. Monatsh.*, March, 1891.

THE returns of the census in India, which are just completed, show the population of the Indian Empire to be 285,000,000, being an increase of fully 30,000,000 since 1881.

THERAPEUTIC NOTES.

OZÆNA.

Cozzolini recommends the following powder for the treatment of this troublesome affection:—

R Salol, ... 3ij.
Boric acid, ... 3j.
Salicylic acid, ... gr. xij.
Thymol, ... gr. v.
Powdered talc, ... gr. iij.

M. Sig.: Use as an insufflation.—*Provincial Med. Jour.*

ANTISEPTIC DENTIFRICE.

R Resorcin, ... 3ss.
Salol, ... 3j.
Prepared chalk, ... 3ij.
Orris root, ... 3x.
Carmine, No. 40, ... gr. j.

M. If desired, 10 drops of oil of peppermint may be added.—*Med. Rev.*

FOR CARDIAC DEPRESSION (WAUGH).

R Camphoræ pulv., ... gr. xl.
Caffeinæ, ... gr. xx.
Oleoresin. capsici, ... gr. iv.

M. et in pil. no. xx div.

Sig.: One to be taken as needed.—*Times and Register*, April 25, 1891.

FOR PULMONARY HYPERÆMIA (WAUGH).

R Pilocarpinæ hydrochlorat., ... gr. j.
Camphoræ pulv., ... gr. x.

M. et in granul. no. x. div.

Sig.: One every hour until free perspiration occurs.

Apply a small blister over the seat of pain (the right second intercostal space, at the edge of the sternum), and envelop the chest in flaxseed poultices.—*Times and Register*, April 25, 1891.

TREATMENT OF CORNEAL ULCERATION BY DRY ASEPTIC DRESSING (M. VALUDE).

The eye is washed carefully with a solution of sublimate 1 to 5000; then over the closed eyelids a few turns of salol-gauze, an ample pad of cotton-wool and another of moistened tarlatan completes the protective dressing. It is left in place for three or four days, and on its removal the eye is generally found to be in a perfectly healthy condition, or, at least, in a fair way to recovery. This method is especially useful in the case of children, and for simple ulceration without hypopyon nothing can be better. The author gives reports of 50 successful cases in illustration.—*Gaz. hebdom. des scien. méd. de Bordeaux*; *Prov. Med. Journ.*, April 1, 1891.

HYPNOL.

M. Bardet speaks highly of the results of this mixture, which contains 55 per cent. of hydrate of chloral and 45 per cent. of antipyrin. The effect of each is augmented, and 15 grains will give as long and as sound a sleep as twice the quantity of chloral, with no unpleasant after-effects.—*Idem*.

SCROFULOUS RHINITIS.

R Zinci sulphocarb., . . . gr. v.
Bismuth. salicyl., . . . 3j.
Iodol, . . . gr. v.
Zinci tannat., . . . gr. xxx.
Cret. pulv., . . . 3iiss.

M. Sig.: Apply locally.—COZZOLINO, in *La Med. Moderne*.

GLYCERIN SUPPOSITORIES.

R Lanolin.,
Glycerin., . . . āā gr. xxx.
Olei theobrom.,
Cerat. alb., . . . āā gr. xv.

M. ft. supp. no. j.—BALLAND, in *L'Union Pharmaceutique*.

CREASOTE EMULSION.

R Creasoti, . . . gtt. xvj.
Olei carophyl., . . . gtt. viij.
Olei cinnam., . . . gtt. iv.
Olei menth. pip., . . . gtt. iv.
Olei olivæ, . . . 3j.
Mucil. acaciæ, . . . 3iv.
Aquæ, . . . 3vj.

M. ft. emulsionem.

Adde—

Glycerinæ, . . . 3iv.
Aquæ, . . . q. s. ad 3iv.

M. Sig.: 3j represents gtt. j of creasote.—*Western Druggist*; *Med. Mirror*, April, 1891.

A STIMULATING EXPECTORANT (FOTHERGILL).

R Ammon. carbonat., . . . gr. v.
Tr. nuc. vomicæ, . . . ℥x.
Tr. scillæ, . . . 3ss.
Inf. serpentariæ, . . . 3j.

M. Sig.: Three times a day.—*Southern Med. Record*, April, 1891.

FOR PAINS OF DYSMENORRHEA AND NERVOUS HEADACHE (GRIGGS).

R Morphin. sulph., . . . gr. j.
Aquæ camphoræ, . . . f3iiss.
Æther. chloric., . . . f3ss.

Solve. Sig.: A tablespoonful in water occasionally.—*Ibid*.

FOR PEDICULI PUBIS.

Brocq uses a lotion composed of—

R Vinegar, . . . 500 parts.
Sublimate, . . . 1 part.

This application is said not only to kill the culi, but also to remove the nits.

FOR DYSENTERY (WAUGH).

The case was attended with great pain, fever, tenesmus, and feeble circulation; nausea and accompanying vesical tenesmus. He was ordered to remain in bed; to have no food or drink except raw, scraped beef, the white of egg dissolved in ice-water and bovine, to be given in prescribed doses at regular intervals. Every four hours he was given an enema of 8 ounces hot flaxseed-tea, with a teaspoonful of Goulard's extract. Internally he took 1 drop of ipecacuanha wine every ten minutes. The next day he was anxiously inquiring for his dinner.—*Times and Register*.

MEAT FOODS.

A timely suggestion has been offered by a German physician that the date of original preservation be stamped upon each and every can or package containing meat foods. It is held that preserved meats, hermetically sealed, may remain wholesome for a year or so, but that there is danger in the use of such foods after this period.—*Times and Register*.

FOR INFLUENZAL VERTIGO (WAUGH).

R Tinct. belladonnæ, . . . ℥ij.
Tinct. cinchonæ comp., . . . 3j.

M. Sig.: To be taken every two hours. (The pupils were contracted).—*Ibid*.

ACUTE RHEUMATISM.

As an external application in acute rheumatism, use the following:—

R Salol.,
Ætheris, . . . āā p. vj.
Collodii, . . . p. xxx.

—*London Medical Record*.

ACUTE ARTICULAR RHEUMATISM.

Hatfield speaks well of the following liniment as a local sedative to the affected joints:—

R Olei gaultheriæ, . . . f3ss.
Spirit. chloroform., . . . f3ss.
Lin. saponis, . . . f3ij.

M. Sig.: Apply freely and wrap the joint in cotton batting.—*Diseases of Children*.

PARALDEHYDE MIXTURE.

Probably the best mixture for the administration of this remedy is the following:—

R Paraldehyde, . . . f3ij.
Oil of sweet almond, . . . f3ij.
Chloroform, . . . ℥x.
Oil of cinnamon, . . . ℥ij.

Sig.: Mix and take undiluted.

We believe Dr. R. G. Eccles was the first to recommend this mixture.—*Pharm. Era*.

PRURITUS HIEMALIS.

Corlett recommends the following topical applications in "winter itch":—

R Resorcin., ... 3j.
Glycerin., ... 3ij.
Aquaë, ... ad 3iv.

M. Sig.: Apply.

R Menthol., ... 3iiss.
Glycerin., ... 3ij.
Aquaë, ... ad 3iv.

M. Sig.: Apply.

R Ichthyol. ammon. sulph., . 3i-iiij.
Glycerin., ... 3ij.
Alcohol., ...
Aquaë, ... aa q. s. ad 3iv.

M. Sig.: Apply.—*Boston Med. Journal.*

SALICYLATE OF SODA AS A CHOLAGOGUE.

Prof. Germain Sée, in an article on hepatic colic, published in the London Lancet, calls special attention to the use of salicylate of soda, which he has found to be the most efficient of all cholagogues in promoting the expulsion of gall-stones. The well-known cholagogues were found worthless in this ailment, for they stimulate the biliary secretion by increasing the solid elements, which is not desirable.—*Journ. Am. Med. Assoc.*, April 18, 1891.

PREVENTION OF CHILBLAINS.

Liebreich (Med. News) recommends the following wash as a prophylactic against chilblains:—

R Alum,
Sodium borate, ... aa gr. lxxv.
Rose-water, ... 3ix.—M.

This should be used frequently. He also advises either of the following ointments:—

R Sodium borate, ... gr. lxxx.
Simple cerate, ... 3j.—M.

Or,

R Camphorated oil, ... 3ij.
Lanolin, ... 3iij.—M.

—*Medical Standard.*

WHOOPIING-COUGH (TALAMAN).

R Terpin., ... gr. xv.
Antipyrin., ... gr. xv.
Syrup. aurant. cort., . . . 3j 3vj.
Mucil. acac., ... 3ij.

M. Sig.: One to 2 ounces several times a day for a child under four.—*Times and Reg.*

IODOFORM AND ARISTOL.

Dr. Richtmann recommends ("Nouveaux Rem.") that aristol be used to replace iodo-

form, since it presents all of the advantages of iodine and thymol without any of their disadvantages. Aristol does not cause irritation; its absorption is not followed by any phenomena of intoxication, and its odor is not disagreeable. Being less volatile than thymol, its use is especially indicated in extensive burns. It may be prescribed as a powder, or an ointment, or given in solution. The preparations used by Richtmann are as follow:—

R Aristol pure, ... 10 grammes.
Sig.: For external use.

R Aristol, ... 1 gramme.
Ether, ... 10 grammes.
Sig.: For external use.

R Aristol,
Ol. ricini, ... aa 1 gramme.
Collodion, ... 8 grammes.
Sig.: As a paint for the region affected.

R Aristol, ... 2 grammes.
Paraffin ointment, . . . 18 "
Sig.: For local application.

R Aristol, ... 1 to 5 cgm.
Cocoa-butter, ... q. s.
Sig.: For urethral or vaginal bougies.

FOR SUBACUTE OR CHRONIC DIARRHŒA.

R Acacia pulv., ... 3iss.
Creasot (beech-wood), . . gtt. xxxij.
Aquaë puræ, ... f3iv.

Ft. Emulsio.

Sig.: A teaspoonful in water (for adults) every four to six hours.—*Southern Med. Record*, April, 1891.

In the Bulletin Général de Thérapeutique are given the following formula for using iodol, the new antiseptic:—

SOLUTION.

R Iodol, ... 1 part.
Alcohol (95 per cent.), . . 16 parts.
Glycerin, ... 34 "

INHALATION.

R Iodol, ... 1 part.
Alcohol, ... 15 parts.
Glycerin, ... 10 "
Water, ... 10 "

Buffalo Med. and Surg. Journal, March, 1891.

POMADE.

R Iodol, ... 2 grammes.
Vaseline, ... 10 "

R Iodol, ... 5-10 grammes.
Lanolin, ... 100 "

COLLODION.

R Iodol, ...	1 part.
Ether, ...	10 parts.
Gun-cotton, ...	5 "

PAPAIN.

Shoemaker ("Materia Medica and Therapeutics") recommends papain in dyspepsia, as follows:—

R Papaini, ...	3ss.
Liquor ammonii acetatis, ...	f3ij.
Creasoti, ...	m̄v.
Glycerini, ...	f3ij.

M. Sig.: Two teaspoonfuls an hour or two after taking food.

In fissures and ulcers of the tongue papain has been employed by the writer thus:—

R Papaini, ...	3j.
Pulv. sodii bicarbonatis, ...	3iij.
Aquæ menth. pip., ...	f3iv.

M. Sig.: Paint frequently over the surface.

Papain has also been used externally in the treatment of the chronic scaly form of eczema with advantage, as follows:—

R Papaini, ...	3j.
Pulv. sodii bicarbonatis, ...	3ss.
Aquæ hamamelidis dest., ...	f3j.

M. Apply well over the scaly surface.

JAMBUL.

At a meeting of the Therapeutical Society, February 11, 1891, Dujardin-Beaumetz read a communication upon this drug. It belongs to the natural order Myrtaceæ, and its seeds have been praised as a remedy in diabetes. M. Scott, upon adding powdered jambul to malt and starch, found that the formation of sugar was prevented. But the experiment has been repeated by M. Villie, who has demonstrated that the results are fallacious, and obtained more sugar when jambul was present than when it was absent. The speaker had administered jambul medicinally in the form of powder. In pancreatic diabetes the quantity of sugar in the urine was actually increased. In cases of moderate severity this substance has given favorable results, and is an adjuvant to the dietetic regimen. But if proper diet be not observed, jambul alone is deleterious. In fact, jambul is simply an aid to the regimen in moderately severe cases of diabetes. Dujardin-Beaumetz terminated his remarks by saying that he was entirely ignorant of the manner in which the drug acts, what is its active principle, or the best method of administration.—*Le Progrès Médical*, February 14, 1891.

ANTISEPTIC GAUZE.

Dr. Bar has used with advantage as a uterine tampon a gauze prepared with retinol and iodoform. The gauze is first boiled in strong carbolyzed water, expressed and covered with a paste, the formula of which is not invariable. That employed by M. Bar is thus composed:—

R Retinol, ...	60 grammes.
Wax, ...	5 "
Iodoform, ...	35 "

The use of this paste, applied upon gauze, seems to present a certain advantage. It can be demonstrated that when such a tampon is withdrawn the entire vaginal or cervical surface is covered with an iodoform mixture, which assures complete asepis of the mucous walls.—*La Tribune Médicale*, February 12, 1891.

HOT COMPRESSES IN CHRONIC INFLAMMATION.

These are advocated by Lang as an excellent method of promoting absorption of inflammatory products in, for instance, adenitis, orchitis, epididymitis, and arthritis. He has often witnessed good results from this treatment after other resolvent remedies had been used in vain. Lang applied the compresses for ten or fifteen minutes at a time several times a day. They need to be changed every minute or two. The temperature of the water should be kept at 40° to 60° C. (104° to 140° F.). The compresses should not be made too hot, as the patient might be scalded. They should not be used in the acute stage.—*Deutsch. Med. Wochenschrift*, February 5, 1891.

THE BEST NUTRITIVE INJECTION.

According to a Swiss physician, M. Huber, the best nutritive injection is composed of raw eggs beaten up with table-salt. To 2 or 3 eggs M. Huber adds 2 grammes (30 grains) of table-salt, 1 gramme for each egg. After a preliminary enema of simple tepid water or marsh mallow water, he throws the nutritive injection slowly into the rectum through a large and long tube. He gives three or four such injections during the twenty-four hours.—*La Tribune Médicale*, April 16, 1881.

TREATMENT OF ACUTE GASTRO ENTERITIS OF CHILDREN.

Schwinz recommends the following formula:—

R Creolin, ... 3 drops.
Cinnamon-water, ... 75 "
Syrup of marsh-mallow, ... 22 "

M. Sig.: Teaspoonful every hour for very young children.—*Revue Médico-Pharmaceutique*, March 31, 1891.

SOME NEW REMEDIES.

Guaiacolcarboxylic Acid.—Obtained by the action of carbonic acid under pressure upon guaiacol sodium. Brought forward as an antiseptic and antipyretic of unusual power, but does not appear to have gained a position in therapeutics.

Trichloroacetic Acid.—May be used as a caustic in affections of the throat and nose. Its action is more localized and persistent than that of chromic acid.

Aricine.—A rare alkaloid obtained from the bark of an undetermined cinchona by MM. Moisseau and Landrin. It has not yet been employed in medicine.

Bromol (Tribromophenol).—An antiseptic which has been employed in the dressing of ulcerated wounds and as an application in diphtheria. Externally, a 3-per-cent. solution in oil, or 4 per-cent. pomade, has been used; for diphtheria, a 4-per-cent. solution in glycerin. It has been given internally in cholera infantum in doses of 5 to 15 milligrammes. This compound does not appear to be toxic.

Cresalol.—Also called salicylate of creosol, or paracreosol. A compound analogous to salol, with the substitution of creosol for phenol. A crystalline substance of feeble taste and aromatic odor, an intestinal antiseptic like salol, than which it can be given in large doses: 2 or 3 cachets of 25 centigrammes.

Iodo-Carvacrol.—Carvacrol, isomeric with thymol, forms, with iodine, a compound very similar in its properties to the combinations of iodine with carbolic acid. This substance is a yellow powder, forming brown solutions in alcohol and ether, having the general properties of aristol.

Phenylurethan (Euphorin).—A white, crystalline powder, soluble in alcohol. Said to be a more reliable antipyretic than antipyrin, though less analgesic. It may be given in doses of $7\frac{1}{2}$ grains in Marsala wine.

Camphorated Salol.—A compound of camphor and salol, prepared empirically by slowly heating together equal weights of the two substances. The product is less irritant than camphorated naphthol, which it may replace for all purposes.

Simulo.—The fruit of a caper, native of tropical America, recommended by Dr. Paulet in ovaro salpingitis.—*Revue Médico-Pharmaceutique*, March 31, 1891.

TINCTURE OF KOLA.

R Powdered kola-nut, ... 100.
Alcohol (60°), ... 500.

Proceed as in making tincture of gentian.

EXTRACT OF KOLA.

R Powdered kola nut, ... 1000grammes.
Alcohol (60°), ... 6000 "

Proceed as in making extract of digitalis.

WINE OF KOLA.

R Powdered kola-nut, ... 60.
Alcohol (60°), ... 120.
Wine, ... 1000.

Proceed as in making wine of cinchona.

ELIXIR OF KOLA.

R Tincture of kola, ... 500.
Simple syrup, ... 500.
Vanillin, ... I.

Dissolve the vanillin in the tincture, add the syrup, mix and filter.

SYRUP OF KOLA.

R Powdered kola-nut, ... 100.
Alcohol (60°), ... 600.
Sugar, ... 640.
Water, ... q. s.

Pour upon the powder enough alcohol to thoroughly penetrate it. At the end of two hours place the mass in a displacement-apparatus, add alcohol, and then enough water to obtain 700 parts of straining. Distill on the water-bath in order to recover the alcohol, pour the remainder upon the sugar, and make a syrup to form 1 kilogramme ($2\frac{1}{8}$ pounds avoirdupois) of product.—*Ibid*.

MIXTURE FOR VENEREAL WARTS.

M. Ciro Urriola (La Semaine Médicale) recommends a mixture of salicylic acid 2 parts and acetic acid 30 parts in the treatment of venereal vegetations. The mixture is applied with a fine camel-hair pencil once or twice daily. Usually but two or three treatments are required to cause the greater portion of the vegetations to disappear. The writer claims that the application causes but slight and transitory pain, and that it is preferable to all other modes of treatment.—*Journ. Am. Med. Asso.*, March 21, 1891.

THE Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Publisher.
S. C. BERGER, Business Manager.

Philadelphia, June, 1891.

THE MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

THE forty-second annual meeting of the Association was opened May 5th by an address by its honored President, Dr. William T. Briggs, of Nashville, Tennessee. The speaker, in the course of his remarks, alluded to the constant interest which the associated profession of this country had taken in the very important subject of medical education. These efforts, long apparently in vain, have at length been rewarded by a very gratifying measure of success. The older methods of instruction are being abandoned by one after another of our schools. Laboratory work, ward classes, clinical conferences and recitations are the methods by which the medical student of to-day is enabled to gain a real and actual acquaintance with the scientific basis and the practice of his profession.

In view of the fact that the routine business of the Association, however necessary, is uninteresting to the majority of the members, who have not the taste, or, perhaps, the training for such discussions, the President suggests that much of this work should be confided to an executive committee. Such a committee, so composed as to equally represent the State societies, should report the result of its deliberations to the main body for final adoption or rejection. Dr. Briggs is of the opinion that by this means the time of the Association could be more profitably devoted to discussion of important questions previously proposed. Members especially qualified to discuss the appointed subjects could be chosen a year in advance, thereby securing, he thinks, a more lively interest in the debates. Such a plan would probably, also, secure the presence and co-operation of many for whom routine proceedings have no attraction.

The President, furthermore, advocated that the Association should encourage the presentation of prize essays,—a feature provided for in the organization, but of late neglected.

An excellent "Address on Surgery" was delivered by Dr. Joseph M. Mathews, of Louisville, Ky. This speaker departed from the usual custom of giving a general review of the progress of the year, restricting himself to an elaborate paper, upon a single topic: That upon which his choice fell is one with which his practice has made him intimately acquainted and of which none is more thoroughly competent to speak. That some of Dr. Mathews's opinions on the subject of stricture of the rectum are not in accordance with those generally accepted is but an illustration of his intellectual honesty and independence. The thoughtful presentation of opposing points of view undoubtedly assists the formation of a correct judgment.* The speaker frankly disbelieves in the occurrence of spasmodic stricture, and aptly remarks that, should it ever exist, it cannot, in the absence of decided pathological lesion, be classed as stricture, but is simply a manifestation of some other morbid affection. In his own experience he has never met with a functional stricture of the rectum. It must be confessed that, upon this point, the testimony of those competent authorities who see most of diseases of the rectum agrees with that of Dr. Mathews. Yet, we should hesitate to use his decided language upon this point. No anatomical reason forbids us to conceive the possibility of spasmodic constriction of the rectum, a condition which, as we are well aware, occurs not infrequently in the oesophagus and vagina. We find it, moreover, quite possible to believe that what happens in the urethra may also take place in the rectum. The presence of organic stricture of the urethra is capable of exciting in its neighborhood a spasm of the muscular fibres surrounding the tube, thus increasing temporarily the obstruction. Allingham positively asserts his belief in the existence of spasmodic, as a complication of organic, stricture, and relates in illustration a case which appears to be conclusive. Kelsey, also, mentions two cases which point to the same conclusion.

Dr. Mathews argues that dysenteric ulceration is rarely a cause of stricture. These ulcers,

in the first place, usually occur above the rectum; and, in the second place, his investigations of patients' histories have shown him that a so-called dysentery was a result of already existent stricture and ulceration—an effect, not a cause. If dysentery frequently led to stricture this lesion should be common among the survivors of the Civil War. The pension-records, however, are singularly silent regarding what, if established, would constitute an excellent claim. Dr. Woodward has expressly stated, in the "Medical and Surgical History of the War," that no case of stricture following dysentery has been reported at the Surgeon-General's office during the war or since, and that the Army Medical Museum does not contain a single specimen. Dr. Ouchterlony testifies to the same effect. In a dead-house experience of many years—during the war in two large military hospitals and subsequently in the City Hospital of Louisville—he had never seen a stricture of the rectum caused by dysentery.

Though occlusion of the rectum, to a greater or less degree, may be due to an extensive tubercular deposit, yet the degeneration of this deposit will restore the calibre of the gut by removal of the obstruction. In by far the majority of instances degeneration will occur before any considerable obstruction has been produced, and, as there is little tendency to cicatrization, it scarcely seems probable that a permanent and veritable stricture can result from tuberculosis of the rectum.

Though it is certainly possible for a chancre to develop within the rectum and a phagedænic soft sore may extend from the margin of the anus into the rectum, yet Dr. Mathews has never seen a stricture result from the healing of a chancre. It is difficult, however, to believe that a stricture may not sometimes be due to phagedæna. But fully 60 per cent. of the strictures of the rectum are, according to the speaker, due to constitutional syphilis.

As regards obstruction due to cancer, we meet with the same diagnostic difficulties here as elsewhere. An educated touch can seldom be mistaken, but implicit reliance may not be placed upon the odor of the disease. Doubtless it is generally characteristic, yet many exceptions occur. Enlarged inguinal glands

may be due to simple inflammation or ulceration, though such enlargement will be neither as stony nor as constant. We may not rely with confidence upon the presence of pain, for in some cases malignant disease is attended by little suffering.

Dr. Mathews informs us that he has abandoned the practice of gradual dilatation, and now employs by preference either forcible divulsion or incision. From the former procedure he fears neither hæmorrhage nor shock. He tells us nothing of the danger of laceration of the gut, abscess, or peritonitis; nor does he explain why disruption should not be followed by inflammation with subsequent contraction. Gradual dilatation, if not absolutely curative, is at any rate free from danger, affords marked and long-continued relief to the patient, who readily learns, moreover, to personally practice the manipulation. The speaker favors internal incisions of the stricture and sees no advantage in dividing the tissues down to and through the external sphincter. It is the experience of most surgeons, however, that, whether internal or external incision be practiced, the operation is but a preliminary to continual dilatation by means of a bougie.

Dr. Mathews advocates the performance of lumbar colotomy in case of obstruction by non-malignant strictures seated in the upper portion of the bowel beyond the reach of direct operative interference. On the other hand, he disapproves of the establishment of an artificial anus, except under the rarest circumstances, in carcinoma of the rectum. Many of his points in objection are well taken, but his condemnation is too sweeping. The operation is not justified merely on account of pain, since it often fails to afford any notable relief. It can seldom be demanded by the existence of obstruction, because a cancerous growth will generally soften before total occlusion has occurred. It seems very improbable that the establishment of an artificial anus should retard the progress of rectal carcinoma. The occurrence of recto-vesical fistula, however, furnishes a clear indication for intervention. When excruciating pain is excited by the passage of the fæces, colotomy is justifiable and diminishes suffering to an appreciable extent.

*PHENOCOLL HYDROCHLORATE,
A NEW ANTIPYRETIC AND ANTI-
RHEUMATIC REMEDY.*

THE Deutsche Medicinische Wochenschrift for April 9, 1891, contains a paper by Surgeon-Major Hertel, attached to the clinic of Privy-Councillor Gerhardt, detailing the results of experiments made in the clinic with a new drug, a sample of which had been received in February from the Schering chemical manufactory. Phenocoll hydrochlorate is described by its manufacturers as a white, micro-crystalline powder, a salt of hydrochloric acid with amido acet-para-phenetidin. The base is derived from glycocoll, or amido-acetic acid and phenetidin, the water being abstracted. The new combination is to be considered as a phenacetin, which, by the introduction of the salt-forming amido group in the acetyl element, is rendered readily soluble. The hydrochlorate is soluble in about 16 parts of water at 17° C. (62.6° F.), and the solution is of neutral reaction. The salt crystallizes out of hot water in cubes similar to those of antipyrin; out of alcohol, in which it readily dissolves only by the aid of heat, it crystallizes in needles. The pure base, phenocollum purum, may be obtained by the action of ammonia, caustic alkali, or alkaline carbonate upon a solution of the salt, and occurs in the form of white, matted needles, which contain 1 part of water of crystallization.

Hydrated phenocoll melts at about 95° C. (203° F.), the anhydrous form at 100.5° C. (212.9° F.). Since the pure base dissolves with difficulty in cold water, its combination with hydrochloric acid is better adapted for use in medicine. Alcohol is a fairly good solvent for the pure base, of which, however, little is taken up by ether, benzol, and chloroform. Phenocoll is tolerably stable when boiled in a dilute solution of an alkaline caustic or carbonate, though prolonged boiling causes it to separate into phenetidin and glycocoll. Similar is its behavior toward weakened acids. After long boiling in concentrated hydrochloric acid, it is partly split up into phenetidin hydrochlorate and glycocoll.

According to Professor Kobert, of Dorpat, phenocoll exerts no deleterious influence upon

animals, and does not affect the composition of the blood. Professor v. Mering, of Halle, observed no injurious consequences follow the administration of 1.5 grammes (23 grains) of the hydrochlorate to a rabbit. Experiments in typhoid fever and pneumonia have shown that phenocoll is a superior antipyretic, which, in doses of 15 grains, reduced the temperature three degrees or more without causing collapse or cyanosis. There was no more sweating than after large doses of antipyrin. Fifteen grains of phenocoll had as much effect in reducing temperature as 20 to 30 grains of antipyrin, or 12 to 15 grains of phenacetin. From communications received from numerous physicians in private practice, the hydrochlorate of phenocoll, in doses of from 8 to 15 grains, may be regarded as an excellent nervine and anti-neuralgic.

In consequence of these favorable reports, Dr. Hertel was induced to make trial of the new remedy in a number of febrile and rheumatic cases. He at first gave it in watery solution in doses of from 8 to 15 grains. The cases which form the basis of his report, the histories of which are given with sufficient minutia, were 8 in number,—4 of advanced phthisis, with hectic fever; 3 of acute articular rheumatism, and 1 of (so called) gonorrhœal rheumatism. In none were ill effects upon circulation or respiration apparent, but in 1 case disgust and nausea were excited. The temperature was taken hourly during administration of the remedy. In hectic fever single doses of 8 grains lowered the temperature half a centigrade degree within a short time. The same quantity thrice repeated at hourly intervals caused a reduction of one degree, but the effect was transitory. Fifteen-grain doses generally reduced the temperature a degree to a degree and a half within a few hours, occasionally within one hour. The effect continued for about two hours. When 5 grammes (75 grains) were given during the day in divided doses, an almost complete defervescence was generally the result. It seemed, however, that the effect was less decided upon high evening temperatures than upon day temperatures. The re-ascent of temperature was in no instance followed by any untoward manifestations, such as chill or

profuse sweating. In the cases of acute inflammatory rheumatism, in two of which serious cardiac lesions were present, the remedy, in daily doses of 75 grains, proved valuable in alleviation of pain, but had little direct influence upon the fever. The temperature, however, fell to normal as soon as the articular manifestations and complications were relieved. In one case, after antipyrin, sodium salicylate, and phenacetin had been used without much benefit, prompt amelioration followed the employment of phenocoll, and the symptoms recurred during a period of five days, after the supply of the drug had been exhausted. In the first attack joint-pain disappeared after four days' treatment. The relapse was overcome by 8 grammes, and as the pain vanished the temperature sank to normal. In another case pain was abolished by the seventh day, and in a third, a relapse, but little suffering was left upon the fourth day, and it had entirely disappeared the following morning, while the temperature had descended to the normal. The case of gonorrhoeal rheumatism was uninfluenced by the drug, either as regards fever or pain in the joints.

Phenocoll seems to have no injurious effect upon the kidneys. After ingestion of about 5 grammes the urine assumes a brownish or blackish-red color, similar to that produced by hydrobilirubin or antipyrin. The coloration usually deepened when the urine was left long exposed to the air. Upon the addition of tincture of chloride of iron the color became still darker. This shade was somewhat lightened by the action of concentrated sulphuric acid, though it did not disappear, and in transmitted light assumed a peculiar greenish hue. The drug seems to be removed from the system very rapidly, judging from the fact that twelve hours after discontinuance the reaction with the tincture of iron was no longer obtained.

The aqueous solution has a salty-bitter taste, and is at first of neutral reaction, but was often found to be feebly alkaline at the end of the second day, while older solutions sometimes became strongly alkaline. It is possible that the changed reaction and taste may account for the nausea excited in one case, since in no other instance was the slightest digestive dis-

turbance occasioned. On account of this chemical alteration the remedy was afterward administered in powder form.

We have to thank Dr. Hertel for a model report, in which essential facts are clearly presented and prolixity avoided. Though the number of his cases was small, and it is much to be regretted that among them was none of typhoid fever or croupous pneumonia, yet the effect of the remedy was narrowly observed from hour to hour during a month's time, and we can cordially re-echo the expression with which he closes his paper, that the trials thus far made have been encouraging and warrant further experiments. The acknowledged drawbacks to the use of the products heretofore in our hands* have led therapeutists to maintain an eager outlook for a substance which shall have, if possible, their advantages without their defects.

CORRESPONDENCE.

Editor Medical Bulletin :

Just before Dr. Shoemaker's announcement in your pages of the laxative effect of the use of the negative electrode, I experimented upon myself to cure a tormenting pruritus ani of several years' standing. In vain had I used salves, suppositories, enemata, and submitted to rectal surgery, until it occurred to me to try the galvanic current. With the idea of checking the serous exudation of the disorder, I used the positive pole at first, and found one milliampère of current strength about the limit of the comfortable. As this seemed to make no impression, I reversed the pole-changer, and was astonished at the result, but supposed it to be a mere coincidence, until the next day, when the very same effect was produced by the same cause. Concluding that I had made a discovery worth reporting, I was about to publish it when Dr. Shoemaker's article attracted my attention. He had anticipated me by some weeks.

But the pruritus was not affected by electricity. It was finally conquered by the nightly use of a simple salve, the prescription for which I first read in your columns: 80 grains of calomel to the ounce of cosmoline or other unguent. Microscopists claim that a parasitically-caused pruritus can be cured by using one of several preparations containing chlorine, such as Labarraque's solution, or even common sodium chloride in water. The mild chloride of mercury, however, is the easiest to use, and in my case proved very effective, as much so in its way as

Shoemaker's lightning laxative. Doubt is need only to try that. Brandreth, Ayer, *et id.* are no longer "bung-starters" in comparison. What will electricity do next?

Yours sincerely, S. V. CLEVENGER.

CHICAGO, May 15, 1891.

Editor Medical Bulletin:

Although feeling highly complimented by the attention which Dr. Ephraim Cutter has paid to my article on "The Application of Vocal Culture to the Treatment of Throat and Pulmonary Affections," by quoting therefrom in his valuable paper on "The Relations of Medicine and Music" (published in the April number of your excellent journal), I desire to correct an impression which will be created in the minds of many as to what I said respecting elocutionists.

In Dr. Cutter's essay we read that "Dr. Crutchfield says he did not ask elocutionists, because of their faulty methods." What I did say is this: "So far, we have considered the testimony of singers only. 'Why,' the question may be asked, 'have not elocutionists also been consulted?' I answer, 'For two reasons: 1st. Only within the last few years (comparatively speaking) has elocution been studied and taught scientifically. Formerly the elocutionist aimed merely to read in such a manner as to bring out the author's meaning. Now, in addition to this, he regards the cultivation of the voice as an important consideration in the study of his art. Therefore, we cannot yet expect much evidence from this class of artists. 2d. The same general principles that underlie the correct use of the voice in singing apply with equal force in the case of the elocutionist. The proper method of breathing for vocalists is also that which should be adopted by public speakers; in both cases the tone should be thrown toward the front part of the mouth, and each must practice exercises to render the voice flexible.'"

I am aware of the disadvantage under which Dr. Cutter labored, viz.: the difficulty of condensing my statements, and I am confident that so earnest a seeker after the truth, and one who has this subject so much at heart as he, will excuse me for making this correction.

Permit me also to call attention to three typographical errors. Jenny Busk Dodge should be Jenny Busk Dodge, Virgil A. Pin(c)kney should be Virgil A. Pinkley, and Dr. J. J. Walker should be Dr. Thos. J. Walker.

With hopes that this communication will find a place in the columns of THE MEDICAL BULLETIN, I remain,

Respectfully yours,

EUGENE L. CRUTCHFIELD,
M.D., F.S.Sc. Lond.

1900 BOLTON ST., BALTIMORE, MD.

MEDICAL NEWS AND MISCELLANY.

DR. LEWIS H. ADLER, JR., has located at 1610 Arch Street, Philadelphia.

DR. HARRIS A. SLOCUM, of Philadelphia, has removed to 1419 Walnut Street.

DR. N. GUHMAN, of St. Louis, Mo., spent a few days last month in Philadelphia.

DR. JOHN S. STEWART, of Philadelphia, has removed to 1537 Chestnut Street.

DR. THOS. M. STEWART, of Cincinnati, Ohio, has removed to 104 West Eighth St. near Race.

DR. W. BLAIR STEWART has removed to Montgomery Avenue, above Penn Street, Bryn Mawr, Pa.

DR. JACOB P. RUSSEL's only daughter was recently married at Branchtown, Twenty-second Ward, Philadelphia.

AFTER May 1st Dr. E. E. Montgomery's office hours will be from 11 A.M. to 1 P.M. and 6 to 7.30 P.M. Philadelphia.

DR. L. L. FRIEDRICH, of No. 323 East Capitol Street, Washington, devotes his special attention to skin and venereal diseases.

DR. CHARLES W. BROWN, M.D., formerly of Elmira, N. Y., has removed to 902 Fourteenth Street, N. W., Washington, D. C.

THE annual meeting of the Camden County Medical Society was held at Plum's Hotel, Westville, N. J., on Tuesday, May 12, 1891, at 11 A.M.

PROF. J. M. DACOSTA has resigned the Chair of Practice of Medicine at Jefferson Medical College, a position which he has filled for nineteen years.

A PESSIMISTIC writer in the Provincial Medical Journal thus outlines the career of Kochism:—
1. Eureka! 2. Vici. 3. Ave, morituri te salutant. 4. De mortuis nil nisi bonum. Epitaph, Fuit.

DR. E. S. SHARPE is the author of a thoughtful and practical paper on "Insomnia" for general readers, published in "Our Paper," the organ of the Young Men's Christian Association, of Salem, N. J.

THE PATHOLOGY OF CARCINOMA.—At the Semi-Annual Conversational Meeting of the Pathological Society of Philadelphia, held on April 23d, Dr. Heneage Gibbes, of the University of Michigan, delivered an address upon "The Pathology of Carcinoma."

EDITOR OF THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.—Dr. J. C. Culbertson, of Cincinnati, editor of the Lancet and Clinic,

was elected Editor of the Journal of the American Medical Association at the meeting of the trustees held in Chicago, on Wednesday, May 13.

THE one hundred and twenty-fifth annual meeting of the Medical Society of New Jersey will be held at Long Branch, N. J., on June 23d. The committee of arrangements consists of Drs. H. Bitchell, Asbury Park; S. H. Hunt, Long Branch; D. McL. Forman, Freehold; E. L. B. Godfrey, Camden, and D. C. English, of New Brunswick.

DR. MARTIN RIVELY, of this city, who recently went to Denver for the benefit of his health, committed suicide in that city April 1st. The depression of spirits, due to ill health, was deepened by receiving news of the death of his brother. In a fit of despondency he took a poisonous dose of cyanide of potassium.

WE are glad to know that Dr. Love, the accomplished editor of the Mirror, is rapidly recovering from his severe illness. Although suffering acute pain, he managed to get the Mirror out on time, which is another evidence of unusual journalistic energy and devotion. What would the world be without love?—*St. Louis Clinique; Times and Register.*

ALUMNI ASSOCIATION OF THE MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA.—At the monthly conversational meeting, held Friday evening, May 1st, at 8 o'clock, on Cherry Street, above Seventeenth, the following papers were read: "Cystocele," by Dr. Thomas B. Earley; "A Plea for the Proper Standardization of Fluid Extracts and Tinctures of the U. S. P.," by Dr. W. H. Walling.

PROTECTIVE ALLIANCE.—The following are the officers of the United States Medical Practitioners' Protective Alliance: President, Dr. W. H. Crim, Baltimore, Md.; Vice-President, Dr. W. V. Wilson, West Haven, Conn.; Secretary, Dr. J. F. Davison, Glendola, N. J.; Treasurer, Dr. R. B. Elderdice, McKnightstown, Pa. Those desirous of becoming members, address Dr. J. H. DeWolf, 1600 Franklin Street, Baltimore, Md.

CHOREA WITH ARSENICAL PIGMENTATION.—At the Midland Medical Society, Wednesday, March 18, 1891, Dr. Suckling showed a woman the subject of pigmentation, caused by arsenic taken internally for chorea. The flexion of elbows, the axillæ, the front of the chest, the back, around the eyes, areolæ of breasts were all pigmented. The abdomen was much pigmented. There was no staining of the mucous membranes or conjunctivæ. She had pigmentation in a previous attack of chorea on taking arsenic. She was now taking liq. arsenicalis Mijj, with iron.—*Br. Med. Journal.*

THE GASTRIC JUICE IN DIABETES.—In a long article on the condition of the gastric juice, saliva, and perspiration in diabetes, Dr. Ponomaroff details a number of observations which led him to dispute the assertions of some previous observers—*e. g.*, Heller and Frick, who believed that they had detected sugar in these secretions. With regard to the gastric juice, Dr. Ponomaroff points out that where this is obtained by making the patients vomit, that obtained is not the gastric juice alone, but an admixture of that with a certain quantity of bile. This generally contains sugar, and therefore vitiates the result. When the œsophageal tube is used, and gastric juice free from bile is obtained, there is, he states, never any sugar in it.—*The Lancet.*

BREEDING BACTERIA.—Professor Koch has been making experiments respecting the influence of sunlight upon the growth of germs. The results are very significant, showing very clearly the important relation of sunlight to health, especially as a disinfectant. We quote a portion of his remarks as follows:—

"As to direct sunlight, it has been well known for some years that it kills bacteria with tolerable quickness. I can affirm this as regards tubercle bacilli, which were killed in from a few minutes to some hours, according to the thickness of the layer in which they were exposed to the sunlight. What seems to me, however, to be particularly noteworthy is that even ordinary daylight, if it last long enough, produces the same effect."—*Times and Register.*

EARLY DIAGNOSIS OF TUBERCULOSIS.—Dr. M. Mirnescu, in the Revue Mensuelle des Maladies de l'Enfance (March), points out that the existence of enlarged lymphatic glands in various regions of the body (axilla, groins, etc.)—"peripheral polyadenitis"—may afford considerable assistance in doubtful cases in making the diagnosis of tuberculosis in children. If the child is in an emaciated debilitated condition, and if there are no superficial lesions to account for the glandular enlargements, he considers the evidence in favor of tuberculosis very strong. In 15 out of the 16 cases of this nature examined, the glands were proved by experimental inoculations to be tuberculous. This peripheral polyadenitis may be observed in children as young as 14 or 15 months.—*Br. Med. Journal.*

ICHTHYOL-SULPHONATE OF AMMONIUM IN GONORRHEA.—Dr. Koester writes to the Semaine Médicale that he has used this substance in a 1-per-cent. watery solution with complete success. In 3 cases of gonorrhœa in men and 1 case of gonorrhœal cystitis in a woman rapid cures were obtained. In the men urethral injections were made thrice daily. From the second day the *ardor urinæ* diminished and the

painful erections entirely disappeared. A complete cure generally resulted in from eight to twenty days. In the case of cystitis 150 grammes of the solution were injected into the bladder twice a day. The fluid was usually left in the bladder for five minutes, and then voided *per urethram*. In two days of this treatment the urine, which had been muco-purulent, became clear, the pain vanished, and the frequency of micturition lessened. In fourteen days the patient was well.—*Wiener Med. Blätter*.

DR. SAMUEL O. L. POTTER, Professor of Medicine in the Cooper Medical College of San Francisco, and a graduate of Jefferson Medical College, of Philadelphia (with first prize, '82), recently passed the required examination, and was admitted, on April 30th last, a member of the Royal College of Physicians of London, forming one of a class of nine candidates, all of whom were M.D.'s of British Universities, viz., 3 of Cambridge, 1 of Oxford, 1 of Edinburgh, 2 of London, and 1 of Aberdeen.

Those who understand the peculiar rank of British qualifications will recognize the M.R.C.P. of London as the "Hall-Mark" of the British medical profession, and that it is a coveted one may be seen from the fact that all the candidates, therefore, were previous M.D.'s or M.B.'s of universities—asking this as an additional honor. The qualification of this college given at the ordinary final examination of students is the license "L.R.C.P. London," and does not admit, as does the membership, to the college itself.

The only other Americans holding this qualification are Professor Osler, of Baltimore, and Dr. Robinson, of San Francisco. It is also held by two English practitioners in California, and one in Washington, one in Canada, and one in British Columbia.

It is an honor of which all Americans may be proud, that a member of the medical profession here should be admitted to the examination (wholly in the grace of the President and Censors); and a matter of congratulation that the compliment has been conferred upon one so eminently qualified to do honor to his alma mater in the rigid tests applied.

We understand that Dr. Potter left his bed in convalescence from broncho-pneumonia to undergo the examinations of the week ending April 30th, and that he has since had a relapse, and is dangerously ill.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.—The following programme has been prepared by the committee of arrangements:—First day, Tuesday, June 2, 9 A.M.: the Society called to order by the President, Dr. Alexander Craig, of Columbia, Pa.; prayer by Rt. Rev. M. A. DeWolfe Howe, D.D., LL.D., Bishop of the

Diocese of Central Pennsylvania; presentation of register of delegates, Dr. W. B. Atkinson, Permanent Secretary; address of welcome, Hon. T. P. Merritt, Mayor of Reading; address of welcome, Dr. S. L. Kurtz, Chairman of Committee of Arrangements; report of programme; introduction of delegates from other societies, and of visitors; report of Delegates to the American Medical Association and other societies; report of Permanent Secretary; report of Corresponding Secretary; report of Treasurer; report of Committee of Publication; report of Medical Examiners of County Societies; report of Committee on Clinical Research; appointment of Committee on Unfinished Business; unfinished business; new business; intermission at 12 o'clock. 2 P.M.: address in medicine, Dr. J. Chris. Lange, Allegheny; address in hygiene, Dr. A. B. Brumbach, Huntingdon; typhoid fever, Dr. Wm. F. Waugh, Philadelphia; tape-worm, Dr. John M. Batten, Pittsburgh; calling on delegations for members of Committee on Nominations; unfinished business; new business. 5 P.M.: visit to Reading Hospital, Front and Spring Streets, followed by lunch tendered by the management. 8 P.M.: address of President Dr. Alex. Craig, at the Academy of Music. 9 P.M.: reception by the Medical Society of the County of Berks at Library Hall, Fifth and Franklin Streets. Second day, Wednesday, June 3d, 9 A.M.: announcement of Committee on Nominations; address on mental disorders, Dr. Samuel Ayres, Pittsburgh; report of Legislative Committee, Dr. H. G. McCormick, Williamsport, chairman; report of Committee on Revision of the Constitution, Dr. W. Welch, chairman; report of the Committee on Incorporation, Dr. C. W. Dulles, Philadelphia, chairman; treatment of subacute pleuritis, Dr. J. M. Anders, Philadelphia; the relation of phthisis and insanity, Dr. Charles Wirgman, Philadelphia; history of the medical profession in Berks County, Dr. Israel Cleaver, Reading; unfinished business; new business; intermission at 12 o'clock. 2 P.M.: report of Committee on Nominations; the contagion theory and treatment of consumption, Dr. T. J. Mays, Philadelphia; the physiological behavior of Koch's remedy, Dr. Hugh Hamilton, Harrisburg; the subject of consumption will then be discussed by Dr. Traill Green, Easton; Dr. C. W. Dulles, Philadelphia; Dr. W. T. Bishop, Harrisburg; Dr. Lewis H. Taylor, Wilkesbarre; to be followed by a general discussion; unfinished business; new business; adjournment at 4 P.M. 5 P.M.: excursion over Mt. Penn Gravity Railroad, leaving railroad-station, East Reading, at 5 o'clock, sharp. 9 P.M.: reception by citizens of Reading (see cards of invitation). Third day, Thursday, June 4th, 9 A.M.: address on surgery—problems in surgery, Dr. O. H. Allis, Philadelphia; conditions requiring abdominal section

following peritonitis, with cases, Dr. E. E. Montgomery, Philadelphia; insanity following operations in general surgery, Dr. Joseph Leidy, Jr., Philadelphia; hare-lip, Dr. De Forrest Willard, Philadelphia; what to do for incipient cataract, Dr. Edward Jackson, Philadelphia; address on ophthalmology, Dr. J. A. Lippincott, Pittsburgh; unfinished business; new business; intermission at 12 o'clock. 2 P.M.; address on obstetrics, Dr. J. Milton Duff, Pittsburgh; patent medicines and newspapers, Dr. S. Solis Cohen, Philadelphia; catarrh, Dr. C. R. Early, Ridgway, Pa.; the pharmacology and therapeutics of Euphorbia Pilulifera, Dr. John Aulde, Philadelphia; report of auditors; unfinished business; new business; adjournment at 4 P.M. 4.30 P.M.: visit to St. Joseph's Hospital, Walnut and Twelfth Streets, followed by lunch tendered by the management. 6 P.M.: excursion over Neversink Mountain Railroad, leaving Ninth and Penn Streets at 6 P.M., sharp; music and dancing, with lunch at Klapperthal. Fourth day, Friday, June 5th, 9.30 A.M.: announcement of appointments by the President; unfinished business; inauguration of President-elect; new business; adjournment.

A FINE SANITARIUM.—On Monday, June 22d, the Bedford Medical and Surgical Sanitarium was organized by the election of the following officers for the ensuing year, and an application was made for a charter: President, William D. Jones, of Philadelphia; Solicitor, H. D. Tate; Secretary, Dr. A. Enfield; Treasurer, Levi Smith; Director and General Solicitor, Alfred Moore, of Chicago; Board of Directors, Dr. John M. Bailey, H. A. Kirkham, and Hugh Coyle, of New York; Dr. C. Meigs Wilson, of Philadelphia, and J. M. Pennington, of Texas.

The buildings will be erected in the near future upon the beautiful hill-site between Bedford and the Springs, on the Levi Smith property, which has been purchased by the syndicate. A reporter interviewed Dr. Enfield, who has been the prime mover in this enterprise, and he kindly gave the *Inquirer* the following facts:—

The capital stock of this company is to be \$250,000. It is to be one of the largest sanitariums in the United States, constructed and conducted upon the latest rational and scientific principles. It is not to be a pleasure resort, but an excellent place for chronic invalids who need special treatment not obtainable elsewhere. It will combine all the conveniences and comforts of a modern home, with artificial climate and medicated atmospheres, electric lights, steam heating, and good elevators. It will be open all the year. The site selected is one of the most beautiful and picturesque in the country. Baths of every description will be provided. Electricity will be used in every form. Trained manipulators will be employed to give massage and Swedish move-

ments. Well-trained and educated nurses will be provided for all invalids. A fine gymnasium will be erected near the building, with a trained instructor. This will be free to the people of Bedford County. No contagious or incurable cases or violent persons will be received. A fine sun-bath will be constructed on top of the building, for exercise in cold and inclement weather. In short, we propose to make it equal, if not superior, to any sanitarium in this or any other country.—*Philadelphia Inquirer*.

THE SHURLY-GIBBES FORMULA FOR PULMONARY CONSUMPTION.—There are numerous formulæ which investigators, inspired by Koch's discoveries, have recently tested the virtue of in pulmonary consumption. Among these it may now be judiciously claimed that the utility of several, which at first proved promising, has failed to be demonstrated by experiment. The following should be regarded as still *sub judice*: Koch's Tuberculin; Liebreich's Cantharidinate of Potash; the transfusion of the arterial blood of the goat into the veins of the tuberculous patient, as suggested by Dr. Bernheim; the injection of the serum of dog's blood, as suggested by MM. Hericourt and Richet; the subcutaneous administration of gold and manganese, commended by Prof. J. B. White; Dr. Roussel's treatment by the injection of aromatic vegetable essences or perfumes. These have been tried, and the verdict at present is that they have been found wanting in the anticipated specific therapeutic effect. The most promising method is now considered to be the injection of chemically pure iodine and chloride of gold and sodium, in connection with the inhalation of chlorine gas, as commended by Dr. L. Shurly, Professor of Clinical Medicine and Laryngology, Detroit College of Medicine, and Dr. Heneage Gibbes, Professor of Pathology, University of Michigan. It is vitally essential to the proper employment of these agents that the necessary solutions should be absolutely pure and of uniform quality. Messrs. Parke, Davis & Co. announce that, at the request of Dr. Shurly, they have prepared solutions of chemically-pure iodine and chloride of gold and sodium, which are put up in one-ounce bottles, and will furnish physicians with clinical reports, embracing the method of using these remedies.

DEATH OF DR. WALKER.—William Weightman Walker, C.E., M.D., died of typhoid fever in Denver, Colorado, May 4, 1891. He was the only child of ex-Congressman R. J. C. Walker, of the Sixteenth Pennsylvania (Williamsport) District, and Anne M., only daughter of William Weightman, of Philadelphia. Dr. Walker was a graduate in engineering of the Rensselaer Polytechnic Institute of Troy, N. Y., and in medicine of the Medico-Chirurgical College of

Philadelphia. He was a member of the Historical Society of Pennsylvania, the Franklin Institute, the Union League, the Art Club, the Eutopian, the Bachelors' Barge Club, and the Fencing and Sparring Club, and Lodge No. 51, F. and A. M., of Philadelphia, and the Delta-Phi Club of New York City; also of the Arba Read Steamer Co., and the Sixth Regiment, N. Y. S. N. G. (Troy Citizens' Corps), of Troy, N. Y., the Denver Club, of Denver, Col., and the St. George's Club of London, England. He had been a resident of Colorado about three years, and was successfully engaged in mining engineering. He was unmarried. His father was with him when he died.

ABSTRACT OF AN ARTICLE "ON SOME URGENT POINTS IN THE EARLY TREATMENT OF RHEUMATOID ARTHRITIS."—In a large number of cases (not in all), rheumatoid arthritis may be identified in an early stage by (*a*) the tachycardia, or permanently quick pulse; (*b*) the pigmentation, concentrated or scattered, melasmic or yellow; (*c*) intermittent sweatings; (*d*) neuralgic phenomena, which suggest a cerebral or a spinal lesion. In a paper read before the Medical Society of London on February 13, 1888, I gave a brief account of my observations on these points; and I ventured to express the opinion that, when present, they are absolutely diagnostic. Seldom do more than two occur in the same case; now and then only one; and a slow senile arthritis, rheumatoid in type, may have no neural complications at all. The puzzling cases are those of young men and women (belonging chiefly to the so-called middle class), who have worked brains and bodies beyond their vital capacity, and have been ill-fed, perhaps, all the time. They have suffered from headache, neuralgia, anæmia. Their family history is scarred with tubercular consumption, premature senility, or that borderland of ill-health which is first cousin to disease. The accidents of married life bring to women many perils; and among the penalties of frequent child-bearing and prolonged lactation and exhausting leucorrhœa, a rapid and irreparable degeneration of joint-structures is one of the most terrible.

Now, if we have identified an otherwise doubtful case by one or more infallible signs, if we have seen the pigmentation, felt the cold sweats, and heard the sad tale of pain and rapid pulse, it ought to be impossible to go wrong. To treat such a sufferer for "gout" is almost beyond pardon. Order her to have mutton or beef at the mid-day meal; prescribe a dry old Port wine or a ripe Burgundy, and put no restrictions on fat and the carbohydrates. There may be intermediate rations of broth, or milk, or eggs. Vegetables and fruit which are "in season" may

be taken to any reasonable amount. And at the evening meal fish and game should be allowed.

Cod-liver oil is the compound medicated food which must be administered from the beginning. It is a supreme remedy for the neurosis which is a casual factor of rheumatoid arthritis. It may be pushed gradually so that half-a-pint in a week is readily assimilated.

In the same way iron, arsenic, and quinine are most useful. The ammonia-citrate of iron may be combined with one of the three preparations of arsenic in the British Pharmacopœia, and the mixture is made agreeable by adding glycerin and spirits of chloroform. One dose daily of this excellent combination may be taken for a year or more, provided that no casual illness interrupts it.

Iodide of potassium or of sodium should seldom be thought of. The alkalies, or any prolonged administration of them are equally injurious. Quinine can be prescribed in the form of citrate of quinine and iron; and, although paroxysmal neuralgia seems to crave quinine, yet in this specific function it seldom does much good. More direct and decisive anodynes are often needed. These gradations of pain which people call "scalding" and "burning" now and then drive away sleep, and I have found the analgesic properties of chloral very useful. A nightly dose of chloral, varying from 12 to 20 grains, is a merciful boon, and it may be combined with Indian hemp. These medicines are usually efficient, and bring brighter and more restful days. Morphine may be given as a small dose at bed-time when other analgesics fail, but never in the hypodermatic form during our early treatment. Salicin is the proper remedy for slight febrile exacerbations.

All vapor baths, whatever their denomination, are exceedingly hurtful. They have been recommended by high authority, but my condemnation of them is not the less emphatic. They weaken the system, make the muscles and joints more flaccid, and drain the textures of their fluids. The laity often try Turkish baths without medical advice, but they produce such a rapid deterioration of power that skilled guidance is the more valued afterward.

On the other hand, the utility of the Bath thermal waters in the early stage of "rheumatoid" ailments is one of the postulates of hydrotherapy. So far as the subject of this paper is concerned, the apparatus of the Aix-le-Bains process makes the waters what they are. The simultaneous douching and shampooing rouses joints and muscles from degenerative atrophy, and helps to mold them into their old shape and power. Frankly we confess our inferiority to the hot springs of Aix in the natural possession of free sulphur; a valuable stimulating force

resides in this element of sulphur when united with telluric heat.

But how many folk cannot go to either Bath or Aix-le-Bains! They need not despair; hot baths and douches can be had in most houses without much extravagance of time or trouble. Afterward, let there be frictions (a homely massage) with oil or with dry oatmeal. Then, all threatened articulations should be early and vigorously assailed with counter-irritation on their proximate side. Narrow rings of liniment of iodine, or small strips of the plaister of cantharides should be put on from time to time, never proceeding so far as to hurt skin-texture, and never encroaching on the special territory of the joint itself.—JOHN KENT SPENDER, M.D. Lond., Physician to the Royal Mineral-Water Hospital, Bath. *Provincial Med. Journal*.

SURGEON PARKE ON THE ARROW-POISON OF THE PYGMIES.—The arrow-poison used by the Pigmy race in Central Africa is evidently of a very fatal character, since of all the members of the Stanley expedition wounded by these arrows at the action of Ava-Sheba only Lieutenant Stairs survived, and his recovery was probably due to the fact that the poison was immediately sucked from the wound. The determination of the composition of the poison and of the nature of the antidote used by the Pigmies appeared, therefore, a matter of importance in the interests of humanity, and Surgeon Parke, after considerable trouble, persuaded a Pigmy woman following the caravan to show him the plants used and the method of preparing the poison. The specimens obtained and presented to the Museum of the Pharmaceutical Society by Surgeon Parke have been examined and partially identified by the curator, Mr. E. M. Holmes, and the whole subject incorporated in a joint paper read before an evening meeting of the above Society. Surgeon Parke ascertained that the poison is prepared by pounding together into a paste about 2 square inches of the bark of a tree very common in the neighborhood of Fort-Bodo; 2 dozen long green leaves from a herbaceous plant found throughout the forest; 3 feet of the pinkish shoots of a thorny creeper; about a dessertspoonful of the scrapings from the green stem of a common branching shrub, and 8 small seeds resembling small horse-beans in appearance. These quantities yield about a teacupful of a paste of greenish color, which is stuck on the tops of the arrows and allowed to dry, forming a hard crust like clay, and is said by the Mombuttu to lose its strength after three or four days. From observation of the symptoms exhibited by men wounded by the poisoned arrows, and from experiments upon Lieutenant Stairs's dog, Surgeon Parke arrived at the conclusion that this poison undoubtedly causes tetanus, although he admits

that different poisons may be used by different tribes. The bark was at once recognized by Mr. Holmes as that of *Erythrophloeum guineense* (Don.), the so-called sassy bark, which is known to effect general muscular relaxation in animals, and other symptoms exhibited by Lieutenant Stairs's dog. The green leaves are no doubt those of a commelynaceous plant, probably of *Palisota barteri* (Benth.), and plants of this order are not known to possess poisonous properties, although several are used as diuretics. The identification of the thorny creeper offered considerable difficulty, but from the habit of growth and microscopical examination of the stem structure by Dr. Radlkofer, of Munich, Mr. Holmes thinks it may be with certainty assigned to the genus *Combretum*, and that it is either *C. confertum*, *C. grandiflorum*, or a hitherto undescribed species. Comparatively little is known of the physiological action of plants of this natural order; but from a preliminary chemical examination of the specimen by Dr. F. Passmore, the creeper possesses neither alkaloidal nor tannin constituents, though it contains an appreciable quantity of a glucoside. The green stem furnishing the fourth constituent of the arrow-poison has been identified as that of a species of *Strychnos*, probably *S. icaja* (Baill.), known to be used as an arrow-poison in the Gamboon, and said by various authorities to contain strychnine, brucine, and two unidentified alkaloids, the one a convulsant and the other a narcotic; so that the tetanic symptoms observed may be attributed to this source. The seeds agree perfectly in character with those of *Tephrosia Vogelii*, frequently used in Africa as a fish-poison, and said to possess narcotic properties. With regard to antidotes, besides a white powder proved to consist of wood-ashes, the natives make use of the leaves of three plants and the young bark of one of the plants. The process of identification has not been so successful here as with the poison, only one of the leaves being referred to the *Unonaceæ*, an order whose members are chiefly remarkable for aromatic and stimulant properties. This is of less importance since, as it is obvious that as in this arrow-poison the two chief active ingredients are erythrophloein and strychnine, poisons the action of which is known, therapeutics will be able to suggest a reliable antidote for travelers to use when passing through the great Central African forest.—*British Med. Journal*.

IN an article upon "Tonic Reconstituents" in the Journal de Médecine de Paris for Feb. 18, 1891, M. A. Luteaud writes as follows:—

"Mantegezzi considers coca to belong to the class of 'nerve foods,' at the same time regulating and re-inforcing the action of the heart. Prof. Gubler, who took up the study of the pharmacology of the coca-plant at the same

time as Mariani, in 1863, is of opinion that coca confers a potential energy on the nervous system, partaking of the nature of a fulminate, but with this difference, that this provision of energy is expended little by little instead of all at once. According to other observers, the anæsthetic properties of the plant, which are well marked on the mucous membrane of the mouth, extend to the stomach, and thus the sensation of hunger is abolished. Now that more recent researches have placed the physiological and therapeutical properties of the plant on a sound and scientific basis, these theories have become established facts. When Mariani completed his first series of experiments, now more than twenty-five years since, he particularly insisted on the fact that coca possessed not only the stimulating and dynamic properties of the cinchonas, but that it also acted as a direct sedative in dyspepsia. The success which followed the use of his Vin Mariani in all affections of the stomach of which pain was a prominent symptom, has, since, amply confirmed the accuracy of his earlier observations. While other tonics are found to produce constipation, and, moreover, are badly borne by dyspeptics, Mariani Wine proved eminently successful in all cases in which the stomach was irritated or inflamed. This naturally led to its being looked upon as a specific in many cases of dyspepsia, and in the treatment of the incoercible vomiting of pregnancy." The writer furthermore mentions the efficacy of Vin Mariani in dysphagia associated with laryngeal tuberculosis, or due to other causes, as demonstrated by M. Fauvel.

THE ACTIVE PRINCIPLE OF PARSLEY IN AMENORRHŒA AND DYSMENORRHŒA.—With a view to obtain a reliable product, M. Chapoteaut recommended a study of the plant, and finally adopted a new process for the extraction of a thick, reddish liquid boiling at 275° C. (527° F.), specific gravity 1.113.

This is a product totally different from true apiol (von Gerichten), since the latter is a solid melting at 30° and boiling at 300° C., and different from the essence of oil of parsley, boiling at 160° C., while its reddish color indicates that it cannot be confounded with ordinary so-called commercial apiol, which is a yellow or green liquid having an approximate specific gravity of 1.07.

This new substance therefore has been named *Apioline* (*Apiolinum*) by M. Chapoteaut, and clinical experiments show it to be the true active principle of the plant.

Dr. Laborde has made an exhaustive study of the action of apioline and its derivatives, cariol, etc., on animals, which indicates that it stimulates the circulatory system of the intestines and genitals, causing vascular congestion of the

uterus and ovaries and exciting contraction of the smooth muscular fibres of the genital organs, especially of the uterus and ovaries.

These results have been remarkably confirmed by their therapeutic application in the French hospitals.

Apioline Chapoteaut administered in spherical capsules, 20 centigrammes each, always relieved the pain in spasmodic and congestive dysmenorrhœa, cases in which principal reliance should be placed on equalizing the circulation and increasing the power of the ovarian nîsus.

In amenorrhœa, where the menses had been suppressed even for a considerable length of time, the flow promptly re-appeared.

In fact, in all cases depending on uterine troubles amenable to internal treatment, and where a correct diagnostic of the symptoms had been made and suitable hygiene and treatment observed, this drug relieved the suppression, regulated and prevented or removed the accompanying pain, and proved to be the most powerful emmenagogue with which we are familiar.

In cases of scanty or deficient menstruation with pain, etc., 1 capsule can be given after meals, thrice daily for a week before the expected period, as recommended by Dr. Fordyce Barker.

R. Apiolini, . . . grm. iv (3j).

Ft. capsulæ no. xx (*Chapoteaut*).

Sig.: Take 3 each day during the week preceding menstruation.

It is especially appropriate when amenorrhœa depends upon anæmia. The same authority suggests the administration of aloine or podophyllotoxin when amenorrhœa and dysmenorrhœa are complicated with constipation. Although apioline is looked on as a specific for menstrual disorders by many gynecologists, it must not be forgotten that these troubles are often subordinate or associated with a general atony of the system, which requires tonics, hematics (*ferrum sanguinis*) and suitable hygienic agents. Finally, *Apioline Chapoteaut* cannot be expected to remove dysmenorrhœa depending on mechanical obstruction of the cervical canal—causes of failure which are sometimes overlooked.—*The Kansas City Medical Record*.

PROFESSOR DA COSTA, in a clinical lecture at the Pennsylvania Hospital, referring to the use of Koch's lymph, stated that "if used for diagnostic purposes we may disseminate tubercles in a person in whom the disease was local. Therefore, do not use this for diagnostic purposes; we have no right to subject a person to the possibility of becoming tubercular in order to settle a diagnosis which, in 999 cases out of 1000, can be settled by other means."—*Coll. and Clin. Record*, April, 1891.

BOOK REVIEWS.

The Diseases of Personality. By TH. RIBOT. Chicago: The Open Court Publishing Company, 1891.

The author of this work endeavors to analyze individual consciousness, or the sense of personality, to connect it with and base it upon the morphological and functional evolution of the nervous system. This preliminary study is made use of to explain the genesis of various curious emotional and intellectual disorders. The phenomena of double personality, the personality of twins and double monsters of opposite sexuality, transformation of character and complete metamorphosis of personality are illustrated by many examples. The translation has evidently been well done, and the typography is excellent.

The Soul of Man, an Investigation of the Facts of Physiological and Experimental Psychology. By DR. PAUL CARUS. Chicago: The Open Court Publishing Company, 1891.

The older systems of philosophy, based upon a study of conscious intellectual operations and endeavoring, one after another, to explain such momentous problems as the relation between mind and matter, brain and thought, body and spirit, the real and the ideal, the finite and infinite, have in our time been superseded by a school which associates psychology with physiology. The work before us seeks to treat of the human soul in its philosophical, ethical, and religious importance. The origin of mind, the rise of organic life, the physiological facts of brain activity, immortality, and the ethical and religious aspects of soul-life are among the weighty themes discussed by the author. The recent development of biology could not possibly fail to immensely influence our conceptions upon these topics, yet it may well be doubted whether the recent attempts have succeeded any better than the old in throwing light upon the connection between body and soul. They have, however, certainly expanded our views concerning the nature and manifestations of life.

Medical Symbolism in Connection with Historical Studies in the Arts of Healing and Hygiene. Illustrated. No. 9 in the Physicians' and Students' Ready Reference Series. By THOMAS S. SOZINSKEY, M.D., Ph D. Philadelphia and London: F. A. Davis, 1891.

This book will appeal to all who are interested in the history of medicine. Much research has been bestowed upon the symbols and mythological associations which became connected, especially in ancient Greece, with the practice of the healing art. The Æsculapian serpent, staff and

serpent, the Epidaurian oracle, the Asclepiades; Dibbara, a god of pestilence; Hygeia, the goddess of health, are subjects to which the physician of to day may, not without profit, occasionally revert in the intervals of arduous labor. The history and the curiosities of our profession are well worthy of attention. Much interesting information concerning medical amulets and talismans, pharmacists' symbols, and miscellaneous medical symbols is found in the pages of this book.

Fever: its Pathology and Treatment by Antipyretics. No. 10 in the Physicians' and Students' Ready Reference Series. By HOBART AMORY HARE, M.D., B.Sc. Philadelphia and London: F. A. Davis, 1891.

This is the essay to which was awarded the Boylston prize of Harvard University, July, 1890. The author has brought together much valuable information regarding the influence of various drugs upon heat-production and heat-dissipation. The substances studied are antipyrin, antifebrin, thallin, phenacetin, salicylic acid and its compounds. In each case the facts of experimental evidence are followed by those obtained at the bedside. Elaborate tables are given of the untoward effects which may follow the administration of antipyrin, antifebrin, and salicylic acid. As a result of his study, embracing the results of experiments performed by himself and many other observers, and the clinical evidence collected from many sources, the author concludes that antipyrin stands foremost in the ranks of antipyretics, with antifebrin next, while thallin and phenacetin follow, with, perhaps, a preference for the latter. He places antipyrin first as an analgesic, but considers phenacetin quite as useful as antifebrin, and apparently safer, while thallin possesses hardly any such power. Though the salicylates have usually more influence upon the pain of rheumatism and curtail its progress, the other remedies, he thinks, control the fever in a much more effective manner. Marked depression usually forbids the employment of any antipyretic drug, though exceptions occur.

Taking Cold. By FRANCKE H. BOSWORTH, M.D. Detroit: George S. Davis, 1891. Physicians' Leisure Library Series.

This little work should be placed in the hands of every recent graduate, for it is probably the topic of which he has the least amount of accurate knowledge. He comes forth from college able to give the physical signs of pneumonia or aortic regurgitation, to describe the method of a hip-joint amputation or laparotomy, but illy informed concerning such a commonplace matter as "taking cold." The author explains how we take cold, points out the parts affected, considers the course of a cold, and how to prevent a cold,

A consideration of the influence of clothing, bathing, and exercise follows. The concluding portion of the work is devoted to the treatment of acute rhinitis, pharyngitis, naso-pharyngitis, and tonsillitis.

Beiträge zur Augenheilkunde in Gemeinschaft mit Prof. Dr. E. Fuchs, Prof. Dr. O. Haab, Prof. Dr. A. Vossius. Herausgegeben von PROF. DR. R. DEUTSCHMANN, in Hamburg.

Ophthalmological Contributions in collaboration with Professors Fuchs, Haab, and Vossius. Edited by PROF. R. DEUTSCHMANN, of Hamburg. Hamburg and Leipzig: Leopold Voss, 1891.

This pamphlet contains: A communication concerning Congenital Affections of the Lachrymal Passages, by Prof. A. Vossius, of Giessen; False Tumors Within the Eye, by Prof. O. Haab, of Zürich; Pemphigus of the Conjunctiva and Essential Xerosis of the Conjunctiva, by Prof. R. Deutschmann, of Hamburg; Iritis with Nodular, Tubercle-like New Formations, by Prof. A. Vossius; and The Pathogenesis of Chalazion, by Prof. R. Deutschmann. These papers are all of a high degree of interest and importance. In the first Prof. Vossius exhaustively surveys the literature of the subject, and gives the history of a case which came under his care, in which an abnormal opening existed in the integument of the right lower lid and communicated with the lachrymal sac. From the opening tears continually and pus sometimes issued. At the same time the normal lachrymal passages were pervious. The condition was remedied by means of an operation. The fistula was congenital. Professor Haab describes 3 cases in which partial detachment of the choroid simulated the appearance of a new growth. Professor Deutschmann relates the interesting case of a decrepit lady, 71 years of age, who had suffered for six years from pemphigus of the roof of the mouth, associated during the last two with the same affection upon the conjunctiva. The lesions had never appeared upon the integument. Professor Vossius' second paper concerns 6 cases of iritis which he had observed, and which bore a very fallacious resemblance to tuberculous or gummatous iritis. Professor Deutschmann discusses the pathogeny of chalazion, especially in view of the statement recently put forth by Tangl that this tumor is but a local tuberculosis. Deutschmann concludes that the lesion is due to a chronic Meibomian adenitis and peri-adenitis. In 5 cases he inoculated rabbits with pieces of chalazion taken from as many patients, and in every case the result was negative. He therefore determines that the result of these experiments is confirmatory of that drawn from his histological studies, viz., that chalazion is not a product of tuberculous inflammation. He

believes that Tangl was misled, and had dealt with, not a chalazion, but a tuberculosis of the lid, and points out that the theory of the latter author rests upon a single observation. These thoughtful papers cannot be too highly commended, and deserve a full translation into English.

De l'empyème latent de l'antré d'Highmore. Etude accompagnée de vingt-deux observations inédites recueillies à la clinique du Dr. Lichtwitz (de Bordeaux). Par le Dr. J.-MARCEL JEANTY. Bordeaux: Feret et fils, 1891.

Latent Abscess of the Antrum of Highmore. A study based upon 22 unpublished cases from the clinic of Dr. Lichtwitz, of Bordeaux. By Dr. J.-MARCEL JEANTY. Bordeaux: Feret & Son, 1891.

This interesting and valuable monograph is devoted to the consideration of a malady, the occurrence of which has only been recognized during the last five years. The first case was reported by Ziem, of Danzig, in 1886, since which time a number of cases has been described by English, French, and especially German writers. That the disease is by no means uncommon is sufficiently shown by the fact that 22 cases were found within about fifteen months among 700 patients treated in Dr. Lichtwitz's clinic for diseases of the throat, ears, and nose. On the other hand, acute abscess, accompanied by classical symptoms, is very rare. Latent abscess is rarely due to traumatism, but generally to dental or nasal lesions. There is but one constant symptom—unilateral or bilateral nasal hypersecretion. Of other symptoms the most important is a subjective perception of a bad smell. The complications may sometimes call attention to the existence of suppuration. Above all, in every case of pyæmia or purulent process of unknown origin, the nasal cavities, and especially the antrums, should be examined. The only certain mode of diagnosis is examination of the contents of the antrum by means of a puncture followed by an exploratory injection. The puncture may be made either through a dental socket or the inferior meatus. Exploration should be methodically made in every case of purulent nasal discharge of doubtful origin. Examination will bring to light many unrecognized cases, and demonstrate that double abscesses are not so rare as has hitherto been thought. In event of a negative result, an exploratory injection will prevent the performance of a useless operation. Other methods of diagnosis, including translumination, yield an uncertain result. The duration of the disease is indeterminate, but often very long. As regards treatment, Cooper's method of penetrating the antrum through the alveolus is recommended. If the opening be small, the cavity should be cleansed by irrigation. If large,

a dry treatment should be preferred (insufflation of antiseptic powders, as iodoform or iodol). It is a good plan, also, to scrape the cavity, or tampon it with iodoform gauze. This excellent memoir is well worth translation.

We have received lately a number of reprints, which may be briefly noticed, relating to ichthyol:

Ichthyol as an External Remedy in Skin Diseases. By CHARLES J. R. MCLEAN, M.D. Edin., M.S., of Yeadon. From the British Medical Journal, March 9, 1891.

Dr. McLean recommends this substance in different forms of eczema, simple erysipelas, urticaria, and furunculosis.

On Ichthyol and its Use in Medicine and Surgery. By A. MUELLER, M.D., of Yackandandah, Victoria. From the Australian Medical Gazette, September 15, 1890.

This writer tells of the marked improvement which followed the use of ichthyol ointment in varicose ulcers and eczema of the leg, pruritus pudendi, burns, scalds, and erysipelas. In rheumatism he warmly recommends the internal and external use of ichthyol, speaking from personal experience. He states that it improves the appetite, stimulates the liver and bowels, and ascribes its efficacy to the peculiar combination of sulphur and carbon which it contains.

De l'ichthyol dans le traitement de la dyspepsie et des troubles céphaliques et nerveux qui en dépendent. Par A. STACQUART. From Archives de Médecine et de Chirurgie pratiques de Bruxelles, xii, 1890.

The author describes 8 cases of gastro-intestinal difficulties attended by various nervous manifestations, in which he found the internal administration of ichthyol very useful.

Ichthyol et ses Préparations. Par DR. GILLET DE GRANDMONT. From the Journal de Médecine de Paris, December 7, 1890.

In the course of a brief note the writer mentions that Professor Zuelzer, of the genito-urinary clinic in Berlin, has had good results from ichthyol in vesical catarrh, chronic gonorrhœa, spermatorrhœa, pyonephritis, uterine maladies, and chronic Bright's disease. He adds that in one of his own cases, rheumatic iritis with albuminuria, he had seen the albumen rapidly disappear during the internal administration of ichthyol.

Ueber "Ichthyolfirmisse." Von P. G. UNNA: From the Monatshefte für praktische Dermatologie, Band xii, No. 2.

In this publication Unna relates the steps by which he succeeded in devising an impenetrable application, or "varnish," containing ichthyol, with which other substance, as carbolic acid,

chrysarobin, pyrogallic acid, resorcin, or sulphur, may be combined. These preparations he makes use of in the treatment of various skin diseases, as acne, seborrhœic eczema, erysipelas, psoriasis, and parasitic affections.

Mittheilungen aus dem Garnisonkrankenhaus. Von CHR. ULRICH, Reservearzt.

In an attempt to determine the best local treatment for facial erysipelas, Ulrich, in a series of 89 cases occurring during sixteen months' service, made use of cold compresses in 33 cases, tar in 27 cases, and ichthyol collodion in 29 cases. He found the ichthyol treatment of superior benefit as regards extent, severity, and duration of the disease.

Kurzer Beitrag zur Ichthyoltherapie bei Frauenkrankheiten. Von DR. KÖTSCHAU, in Köln. From the Münchener Medicinische Wochenschrift, 1891, No. 1.

During a period of five months Kötschau made use of ammonium ichthyol in the treatment of 127 gynæcological cases. These included cervical and corporeal endometritis, perimetritis, and parametritis. In the catarrhal affections he found the applications of decided benefit. In those attended with organized pelvi-peritoneal exudates the remedy likewise proved serviceable. He is of the opinion that absorption is hastened by the conjoined administration of ichthyol pills, which had the further advantage of improving the appetite.

Mittheilungen über die Ichthyolbehandlung bei Frauenkrankheiten. Von DR. RICHARD BLOCH. From the Wiener Medizinische Wochenschrift, Nos. 50 and 51, 1890.

During a period of two months Bloch employed ammonium ichthyol in the treatment of 45 cases, embracing peri- and parametritis, salpingitis, endometritis, vaginal catarrh, and gonorrhœa. He found the remedy to allay pain, even in cancer. While it promoted the rapid absorption of recent exudates, he found it of doubtful advantage in the case of old deposits. He observed no local irritant effects from the use of 10-per-cent. ichthyol glycerin or salve. The continued application of pure ichthyol to the vagina caused a moderate degree of irritation. He esteems it particularly valuable in the treatment of painful inflammatory diseases. Its effects were good in acute gonorrhœal and non-specific vaginitis, in which it exerted also a decided astringent influence upon the vessels. Ichthyol was of no service in chronic cervical hypertrophy, but was an excellent application to erosions of the neck.

The Physical Diagnosis of the Diseases of the Heart and Lungs, and Thoracic Aneurism. By D. M. CAMMANN, B.A. Oxon., M.D., Attending Physician in Class of Heart and Lungs,

Dewilt Dispensary ; Visiting Physician to the Orphans' Home and Asylum, etc. G. P. Putnam's Sons, 27 West Twenty-third street, New York, and 27 King William street, Strand, London. The Knickerbocker Press, 1891.

This very instructive book for physicians and students is divided into six sections. In the first three the author includes the lungs and the other three are devoted to the heart. The text is admirably illustrated by useful and good wood-cuts that assist in fixing many of the facts referred to in this important topic. The book is of such a convenient form that it can be carried in the pocket and used by both the busy student and the active practitioner. The author has included in this book a description of all the modern instruments now employed in physical diagnosis of diseases of the chest. He had also given the student in a most compact form all the important points in this department referred to in the elaborate text-books upon practice of medicine.

Surgery: A Practical Treatise with Special Reference to Treatment. By C. W. MANSELL MOULLIN, M.A., M.D., Oxon., Fellow of the Royal College of Surgeons, etc., etc., assisted by various writers on special subjects. With 500 illustrations, 200 of which have been made for this work from special drawings. P. Blakiston, Son & Co., 1012 Walnut Street, Philadelphia, Pa., 1891.

This work embraces 1180 pages, and covers the entire domain of surgery. It is divided into twenty-eight chapters, in which the author sets forth a most practical account of all matters pertaining to surgery. Part I treats of general pathology of surgical diseases, and in this portion of the work the author gives a concise but good description of diseases due to infective organisms, such as erysipelas, true septicæmia, anthrax, glanders, actinomycosis, tuberculosis, syphilis, leprosy, tetanus, and rabies. We are pleased to note that Dr. Moullin gives this graphic but true definition of leprosy, one of the diseases referred to as being due to infective organisms: "Leprosy is a *contagious disease*, very chronic in its course, in many respects analogous to syphilis, and caused by a specific bacillus, which resembles that of tubercle in its behavior to staining reagents, though its size is smaller." The pathology, symptoms, and treatment which follows show very clearly that the author understands well the disease narrated, and his forcible arguments will answer those who claim that leprosy is a non-contagious disease. The last affection considered due to infective organism, rabies, is likewise ably treated by Dr. Moullin, who adds that "no drug has the least influence upon the progress of the disease. The only treatment," he properly concludes, "of any service at all is the inoculation plan, discovered and perfected by Pas-

teur, and by which he has succeeded in reducing the mortality to 1/47 per cent. on the whole number (2164), and to a very much lower figure still, if only the later cases and those which applied for treatment soon after the injury are reckoned. Chapter V of this portion of the work, on Tumors, has been written by Mr. F. S. Eva, who has admirably illustrated many of the tumors, especially adenomata and carcinoma. In Part III we find a very good chapter upon diseases of the skin, by Mr. J. Hutchinson, Jr., who has had very many opportunities of observing clinically all forms of diseases of the integument, and who shows his thorough and practical knowledge of the subjects spoken of in the text. All the chapters demonstrate the advanced views of the author on modern surgery. One of the most instructive portions of the work is Chapter XVIII, which treats of injuries and diseases of the abdomen. The author here, in recommending the operation for acute intestinal obstruction, suggests that, if any intestinal contents have escaped, it must be thoroughly irrigated with hot water. The action of the latter, in the author's view, being all the antiseptic precautions required. In referring to this subject, Dr. Moullin takes occasion to explain very freely Senn's methods for intestinal anastomosis. It will thus be observed in this instance, and in every other, the author gives all the recent advanced opinions upon surgery of the day. He demonstrates by this work that he teaches and operates scientifically. The book is all that the teacher, author, and the practitioner needs. The illustrations are fine and portray many surgical affections in an excellent manner. The publishers have bound and printed the work in good style.

International Clinics: A Quarterly of Clinical Lectures on Medicine, Surgery, Gynecology, Pediatrics, Neurology, Dermatology, Laryngology, Ophthalmology, and Otology. By Professors and Lecturers in the leading medical colleges of the United States, Great Britain, and Canada. Edited by JOHN M. KEATING, M.D., Philadelphia; J. P. CROZER GRIFFITH, M.D., Philadelphia; J. MITCHELL BRUCE, M.D., F.R.C.P., London, Eng.; DAVID W. FINLAY, M.D., F.R.C.P., London, Eng. Philadelphia, Pa.: J. B. Lippincott Company, April, 1891.

The publication of this work is the means of placing permanently upon record some of the best clinical lectures delivered. They embrace the opinions and the ripe experience of some of the best men in our profession. Volume I, before the writer, includes very many good lectures, only a few of which can be referred to in this review. The treatment of cough of phthisis, by Dr. J. Mitchell Bruce, of Charing Cross Hospital, abounds in practical suggestions of great utility to physicians. This able teacher describes the

clinical types of the urgent symptoms of this disease as follows: 1. Cough in the evening. 2. Cough at bed-time. 3. Cough during the night; 4. Cough on walking, stirring, rising, and dressing in the morning. 5. Cough after meals. 6. Excessive cough at any time, with or without abundant expectoration. In the cough that occurs at various times and under different circumstances Dr. Bruce lays down some valuable hints, and suggests many useful remedies. Another very important lecture in this volume is given by Prof. Alfred L. Loomis upon pneumonia. All through the remarks offered by this distinguished physician are invaluable points that will serve all persons in treating the disease. In commenting upon a case of pneumonia, brought before the class, he wisely says: "This is an important case to you, for it shows that often in pneumonia a critical period is reached when a large quantity of alcoholic stimulus will tide a patient over a dangerous period to a safe convalescence. Of course the age of this patient was in his favor; had he been 50 years old, he probably would not be here to-day, for there were many symptoms about him which were very unfavorable, particularly the condition of the heart and general circulation. I am always glad to show you such cases, for they cannot but make an impression upon you, and I trust this one will teach you not to turn your back on a case of pneumonia until it turns its back on you." On page 213 will be found a very practical and instructive lecture on chorea, by Dr. Dyce Duckworth, of St. Bartholomew's Hospital. This clinic includes some very typical cases, in which he sums up the following treatment: "Secure as much repose and sleep as possible, feed with plenty of suitable nourishment, and, as a rule, employ some time." We have only alluded to very few of the many valuable clinics given in this first volume, in order to show its usefulness to practitioners as a work on advanced medicine and a reference-book. At the end of the volume is a well-arranged alphabetical index. The editors and publishers are both to be congratulated in producing a work of so much merit for the small sum asked for each volume.

CURRENT MEDICAL LITERATURE

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 Intubation *versus* Tracheotomy. By Dr. E. E. Montgomery.
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Sacro-Iliac Disease. By Benjamin Lee, A.M., M.D., Ph.D., Philadelphia.
 American Public Health Association. Eighteenth Annual Meeting, 1890.
 The New Building for the Philadelphia Polyclinic and College for Graduates in Medicine.
 Transactions of the New York Academy of Anthropology, October, 1888; May, 1890.
 Use and Abuse of the Obstetrical Forceps. By Eugene Prosper Bernardy, M.D., of Philadelphia.
 The Breathing Movements in Relation to Voice-Production. By G. Hudson Makuen, M.D., Philadelphia.
 A Card to the Members of the Texas State Medical Association. By H. C. Ghent, M.D., Belton, Texas.
 Thirtieth Annual Report of the Board of Managers of the Woman's Hospital of Philadelphia, January, 1891.
 American Academy of Medicine. Fourteenth Annual Meeting, held in Philadelphia, December 3 and 4, 1890.
 Homeopathy and Homeopaths Under the Calcium Light. Their Claims to Consideration as Factors in Medical Legislation.
 The Nervous and Muscular Elements in the Causation of Idiopathic Lateral Curvature. By Benjamin Lee, A.M., M.D., Ph.D., Philadelphia.
 The Franklinic Interrupted Current, or My New System of Therapeutic Administration of Static Electricity. By William James Morton, M.D., New York City.
 The Rational Treatment of Uterine Displacements, Based Upon a Consideration of the Pathological Conditions Present. By Augustin H. Goelet, M.D., New York.
 Hypodermic Medication in Diseases of the Eye. By Charles J. Lundy, A.M., M.D., Professor of Diseases of the Eye, Ear, and Throat, in the Detroit College of Medicine.
 Should Hypnotism have a Recognized Place in Ordinary Therapeutics? By Norman Kerr, M.D., F.L.S., Author of "Inebriety: Its Etiology, Pathology, Treatment, and Jurisprudence," etc., etc.
 Annual Report on Laws Regulating Medical Practice. Read before the American Academy of Medicine, at its Fourteenth Annual Meeting, at Philadelphia, December 4, 1890. By Richard J. Dunglison, A.M., M.D., Secretary of the Academy.
 American Academy of Medicine. The President's Address. By S. J. Jones, A.M., M.D., LL.D., of Chicago, Ill. Delivered at the Fourteenth Annual Meeting of the American Academy of Medicine, held at Philadelphia, December 3, 1890.

COMMERCIAL NEWS.

A SAMPLE THAT IS APPRECIATED.

Few, if any, manufacturers of chemical specialties are more liberal with their samples, and more generous in the quantity delivered, than the proprietors of the well-known disinfectant, Platt's Chlorides.

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